FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Michael Siemion	OFFICE USE ONLY 20						
Name							
(2) 5401 Leeward Ln, New Port Richey, FL 346 Address (number and street)	552						
Address (number and street)							
City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es): X Candidate (office sought): School Board Member District 3							
☐ Political Committee	CHECK IF PC HAS DISBANDED						
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED						
☐ Party Executive Committee ☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) PEDORT							
Cover Period: From 7/1/2006 To	IDENTIFIERS 7/28/2006 / Report Type P1-06						
☐ Original	Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$0.00	Monetary Expenditures \$ 0.00						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 0.00						
In-Kind \$							
	(8) Other Distributions \$0.00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$981.00_	\$976.20_						
(11) CERTIFICATION							
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete.							
(Type name)	(Type name)						
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X	X						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael	Siem	ion			(2	2) I.D. Number		20		
	7/2	/2006	5		7/28/	2006					
(3) Cover Period	d	1	1	through	1	1	(4) Page	1	of	1	

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7/13/2006	Gerken, Fred P 5523 Tropic Dr. New Port Richey, FL 34652	Î		CA		Delete	\$50.00
7/13/2006	Gerken, Fred P 5523 Tropic Dr. New Port Richey, FL 34653	I		CA		Add	\$50.00
7/13/2006	Gerken, Sandy 5524 Tropic Drive New Port Richey, Fl 34652	I		CA		Delete	\$50.00
7/13/2006	Gerken, Sandra L 5523 Tropic Drive New Port Richey, FL 34653	I		CA		Add	\$50.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Michael Siemion (2) I.D. Number 20							
	7/1/2006 7/	28/2006			0		
(3) Cover Period	/through		4) Page1	or _	0		
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount		
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