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	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 M	ember District 3						
Political Committee	CHECK IF PC HAS DISBANDED						
☐ Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED						
☐ Party Executive Committee	<del>-</del> '						
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT	IDENTIFIERS						
Cover Period: From	6/30/2006 / Report Type Q2-06						
☐ 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						
\$ 475.00	\$378.20_						
(11) CERT	IFICATION						
It is a first degree misdemeanor for any pers	on 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 Siemion				ال .D. Numbe	2	0.0
	4/1/2006		6	/30/2006			
(3) Cover Perio	od//	throu			(4) Page	e <sup>1</sup>	of <sup>0</sup>
(0) 001011011	· · · · · · · · · · · · · · · · · · ·	_		* :	(.,9		
(E)	(7)		(0)	(0)	(40)	(4.4)	(40)
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ntributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1							
, ,							
1 1							
***							
1 1							
1							
1 1							
1 1							
J L							
				·			
1 1							
1 4							
1 1							
			,				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _1	Michael	Siemi	on				 (2) I.D. Numb	er	2	20	30
	4	/1/200	06		6/30/20	006		·			
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1	Pasco Supervisor of Elections,	17 petitions	MO	Delete	\$1.70
4/25/2006	Pasco Supervisor of Elections, PO BOX 300 Dade City, FL 33526	17 petitions	МО	Add	\$1.70
//					
//					
//					
//					
//					
/ /					