FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY								
(1) Michele Chamberlin  Name (2) 2125 Larissa Ct, Trinity, FL 34655  Address (number and street)	OFFICE USE ONLY 48								
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   CHECK   IF NO OTHER ELECTIONEERING     COMMUNICATION REPORTS WILL BE FILED									
	IDENTIFIERS								
Cover Period: From	6/30/2006 / Report Type Q2-06								
☐ Original ☐ Amendment ☐ Special Election	Report								
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT								
Cash & Checks \$	Monetary Expenditures \$ 0.00								
Loans \$	Transfers to Office Account \$ 0.00								
Total Monetary \$ 0.00	Total Monetary \$ 0.00								
In-Kind \$	The State Control of the State								
	(8) Other Distributions \$0.00								
(9) TOTAL Monetary Contributions To Date \$4,370.00_	(10) TOTAL Monetary Expenditures To Date \$677.00_								
(11) CERT									
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.  (Type name)	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.  (Type name)								
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)								
X Since town	X								
Signature	Signature								

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	Michele Chamberlin				z) I.D. Numbe	4	8
	4/1/2006		6/	30/2006			
(3) Cover Perio	od//	through			(4) Pag	<b>e</b> 1	of <sup>0</sup>
(c) Cover rem	<b>.</b>				(., . ag		
(E)	(7)	(0)	Y.	(0)	(40)	(4.4)	(40)
(5)	(7)	(8)		(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contrib		Contribution	In-kind		
Number	City, State, Zip Code	Type Occ	cupation	Туре	Description	Amendment	Amount
1							
1 1							
,							
1 1							
1							
W 79							
1							
I = I							
-							
, ,							
1 1							
1 1							
39 SE							

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

(1) Name _1	Michele	Chambe	erlin				 (2) I.D. Nun	nber	4	18	
	4	/1/200	16		6/30/20	006					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	2	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	st, Suffix, First, Middle) (add office sought if contribution to a			Amount
5/28/2006	Supervisor of Elections,	petition verificat card ion	MO	Delete	\$95.20
5/28/2006	Supervisor of Elections, PO Box 300 Dade City, FL 34655	petition verificat card ion	МО	Add	\$95.20
6/14/2006	Supervisor of Elections,	petition verificat ion	МО	Delete	\$26.60
6/14/2006	Supervisor of Elections, PO Box 300 Dade City, FL 33526	verificat petition ion	МО	Add	\$26.60
6/16/2006	Sun Trust,	bank fee	МО	Delete	\$6.00
6/16/2006	Sun Trust, 5412 Little Road New Port Richey, fl 34654	bank fee	МО	Add	\$6.00
6/22/2006	Sun Trust,	checks ordered	МО	Delete	\$16.95
6/22/2006	Sun Trust, 5412 Little Road New Port Richey, FL 34654	checks ordered	МО	Add	\$16.95

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

(1) Name _1	Michele	Chambe	erlin				(2	) I.D. Num	nber	4	18	.000
	4	/1/200	6		6/30/20	006	**	-	-			
(3) Cover Po	eriod	1	1	through	1	1	(4	) Page	2	of	2	

(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
6/5/2006	Supervisor of Electios,	candidate certifica petetion tion	МО	Delete	\$20.89
6/5/2006	Supervisor of Elections, PO Box 300 Dade City, FL 33526	certifica petition tion	МО	Add	\$20.89
//					
//					
//					
//					
//					
//					