

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

<p>(1) <u>Salvatore Paradiso</u> Name</p> <p>(2) <u>19640 Bergenfeld Dr, Land O Lakes, FL 34638</u> Address (number and street)</p> <p>_____ City, State, Zip Code</p>	<p>OFFICE USE ONLY 83</p>
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CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) **Check appropriate box(es):**

<input checked="" type="checkbox"/> Candidate (office sought): <u>CDD Oakstead, Seat 4</u>	<input type="checkbox"/> CHECK IF PC HAS DISBANDED
<input type="checkbox"/> Political Committee	<input type="checkbox"/> CHECK IF CCE HAS DISBANDED
<input type="checkbox"/> Committee of Continuous Existence	
<input type="checkbox"/> Party Executive Committee	
<input type="checkbox"/> Electioneering Communication	<input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2006 To 7/28/2006 / Report Type P1-06

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$ <u>0.00</u>
Loans	\$ <u>0.00</u>
Total Monetary	\$ <u>0.00</u>
In-Kind	\$ <u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$ <u>192.00</u>
Transfers to Office Account	\$ <u>0.00</u>
Total Monetary	\$ <u>192.00</u>

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 200.00

(10) TOTAL Monetary Expenditures To Date

\$ 192.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Salvatore Paradiso (2) I.D. Number 83

7/1/2006 through 7/28/2006

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Salvatore Paradiso

(2) I.D. Number 83

(3) Cover Period 7/1/2006 through 7/28/2006

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
7/3/2006 //	Browning, Kurt supervisor of elections Land O Lakes, Fl 34638	qualifying fee for election.	MO		\$192.00
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