

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS  
**CAMPAIGN TREASURER'S REPORT SUMMARY (cover sheet)**

Modified For Lee County Only (09-2001)

**SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11**

(1) MIKE BIEL (2) 239 849 9022  
 Candidate, Committee or Political Party Name Daytime Telephone Number

(3) 11062 LAKELAND CIRCLE FORT MYERS 33913  
 Address (Number and Street) City Zip Code

**NOTE:** Check box if address has changed since last report

(4) Check appropriate box or boxes below indicating reporting status:

Candidate (office sought and district or seat #) LMHS HOSPITAL BOARD DISTRICT #5

- |  |   |
|--|---|
| <input type="checkbox"/> Political Committee               | <input type="checkbox"/> CHECK IF PC HAS DISBANDED  |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> CHECK IF CCE HAS DISBANDED   |
| <input type="checkbox"/> Party Executive Committee         | <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Electioneering Communication      |   |

**(5) REPORT IDENTIFIERS** (see reporting calendar or report reminder notice)

Reporting Period Covered: From 09 / 01 / 06 TO 09 / 15 / 06 Report Type Code: G1  
 Original Report  Amended Report  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTION FOR THIS REPORTING PERIOD**

Cash and Checks \$ — . — . —  
 Loans by Candidate \$ 500 . 00  
 TOTAL Monetary for Reporting Period \$ 500 . 00

In-kind Contributions

(\$                     )  
 For this reporting period only.  
**DO NOT** add in-kind with monetary **AND** only list the amount for this reporting period.

**(7) EXPENDITURES FOR THIS REPORTING PERIOD**

Monetary Expenditures \$ 350 . 39  
 Transfers to Office Account \$                       
 TOTAL Monetary Expenditures for Reporting Period \$ 350 . 39

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)

(\$                     )  
 For this reporting period only.  
**DO NOT** add to expenditures **AND** only list the amount for this reporting period. (see instructions)

**(9) TOTAL Monetary Contributions TO DATE:**

\$ 500 . 00  
 Combine amount in (9) from last report on this line.

**(10) TOTAL Monetary Expenditures TO DATE:**

\$ 350 . 39  
 Combine amount in (10) from last report on this line.

**(11) CERTIFICATION**

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

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

**certify that I have examined this report and it is true, correct and complete**

Treasurer  Deputy Treasurer  Individual (only for Electioneering Communication Organization or Independent Expenditure)

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

**certify that I have examined this report and it is true, correct and complete**

Candidate  Chairman (only for PC, PTY and Electioneering Communication Organization)

X [Signature]  
 Signature

X [Signature]  
 Signature

**THIS FORM MUST BE SIGNED AS REQUIRED**

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)



