

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

RECEIVED  
 00 APR 27 PM 3:33

(1) MICHAELA D. SCHEIHING  
 Candidate, Committee or Party Name

(3) 38 WISTERIA DR. ORMOND BEACH FL 32176  
 Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

- Candidate (office sought): COUNTY COUNCIL DISTRICT 4 OF VOLUSIA
- Political Committee  Check if PC has DISBANDED
- Committee of Continuous Existence  Check if CCE has DISBANDED
- Party Executive Committee

**(5) REPORT IDENTIFIERS**

Cover Period: From 01/01/00 To 3/31/00 Report Type Q1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions to Date  
 \$ \_\_\_\_\_

(10) TOTAL Monetary Expenditures to Date  
 \$ \_\_\_\_\_

**(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

LEONA M. WILSON

Name of  Treasurer  Deputy Treasurer

X Leona M. Wilson  
 Signature

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

Michaela D. Scheihing

Name of  Candidate  Chairman (PC/PTY (Opt))

X Michaela D. Scheihing  
 Signature