

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

(1) Michael S. Taralito Candidate, Committee or Party Name (2) _____ I.D. Number

(3) 620 Bernaseik Dr. DeBary Address (number and street) City FL 32713 State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):
 Candidate (office sought): WV Hospital Group A Seat
 Political Committee Check if PC has DISBANDED
 Committee of Continuous Existence Check if CCE has DISBANDED
 Party Executive Committee

RECEIVED
AUG 31 PM 1:27

(5) REPORT IDENTIFIERS

Cover Period: From 8-12-00 To 8-31-00 Report Type: P1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0
 Loans \$ 0
 Total Monetary \$ 0
 In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0
 Transfers to Office Account \$ 0
 Total Monetary \$ 0
 (8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date

\$ 100.00

(10) TOTAL Monetary Expenditures to Date

\$ 25.00

(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

Name of Treasurer Deputy Treasurer

X Michael S. Taralito
Signature

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

Name of Candidate Chairman (PC/PTY only)

X Michael S. Taralito
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Michael S. Talaranto

(2) I.D. Number _____

(3) Cover Period 8/12/00 through 8/31/00

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
<u> / / </u>	<u> / </u>	<u>0</u>						
<u> / / </u>	<u> / </u>							
<u> / / </u>	<u> / </u>							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael S. Taranto

(2) I.D. Number _____

(3) Cover Period 8, 12, 00 through 8, 31, 00

(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
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