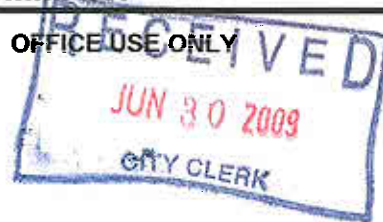


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY



(1) Elected Mayor Now _____

Name

(2) PO Box 2121 _____

Address (number and street)

Sarasota, FL 34230

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): _____

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4 / 1 / 2009 To 6 / 30 / 2009 Report Type Q2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,102.09

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,102.09

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 73,100.22

(10) TOTAL Monetary Expenditures To Date

\$ 73,100.22

(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.

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

(Type name) John Michel

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) John Michel

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Elected Mayor Now

(2) I.D. Number _____

(3) Cover Period 4 / 1 / 2009 through 6 / 30 / 2009

(4) Page 2 of 3

(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					
/ /	None				\$0.00
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Elected Mayor Now

(2) I.D. Number _____

(3) Cover Period 4 / 1 / 2009 through 6 / 30 / 2009

(4) Page 3 of 3

(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					
5 / 19 / 09	Coexistence, Inc. PO Box 2559 Sarasota, FL 34230	Charitable Contribution	MON		\$2,102.09
1					
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