

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
Candidate, Committee or Political Party Name

(2) 239-849-9022
Daytime Telephone Number

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

33913
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

- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication

- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

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

Reporting Period Covered: From 09 / 16 / 06 TO 09 / 29 / 06 Report Type Code: G2

Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 2750 . 00
Loans by Candidate \$ 1000 . 00
TOTAL Monetary for Reporting Period \$ 3750 . 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 \$ 0 . 00
Transfers to Office Account \$ _____
TOTAL Monetary Expenditures for Reporting Period \$ 0 . 00

(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:

\$ 3250 . 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.

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)
I 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)
I 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)

CAMPAIGN TREASURER'S REPORT (ITEMIZED CONTRIBUTIONS)

(1) Mike Riel
Name

(2) 239-849-9022
Daytime Telephone Number

(3) Reporting Period Covered: 09 / 16 / 06 TO 09 / 29 / 06

(4) Page 1 of 2 (itemized contributions)

INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 12

(5) & (6) DATE and Sequence Number	(7) Full Name of Contributor (Last, Suffix, First, Middle) Street Address City-State-Zip Code	(8) Contributor Type / Occupation	(9) Contribution Type	(10) In-Kind Contribution Description	(11) Amendment use "ADD or DEL" see Instructions	AMOUNT AMOUNT
9/23/2006 1	Wilke, Ms Charlotte Ann P.O. Box 61134 FORT MYERS, FL 33906	I ADMINISTRAT LCMS	CHE			\$100.00 \$100.00
9/25/2006 2	Bohm, Dr. Guillermo 61 TIMBERLAND CIR. FORT MYERS, FL 33919	I Physician	CHE			\$500.00
9/25/2006 3	Internal Medicine of Lee County, MD, PA (IMA) 1400 Colonial Blvd Ste 1 Fort Myers FL 33907	B Group	CHE			\$500.00
9/26/2006 4	Anderson Ms Pamela 13915 Bald Cypress Cir Fort Myers FL 33907	I	CHE			\$50.00
9/26/2006 5	MATHER, Dr. Sergio 7353 Lake Drive Fort Myers FL 33908	I Physician	CHE			\$500.00
9/26/2006 6	Lutwrenych, Dr. Michael 15100 Blackhawk Drive Fort Myers FL 33912	I Physician	CHE			\$500.00
9/27/2006 7	Cardiology Consultants of SWFL, INC 14171 METROPOLIS AVE STE 101 FORT MYERS FL 33912	B Medical Group	CHE			\$500.00
9/29/2006 8	Zellner, Dr. Stephen FIDALESTICKS Blvd. FORT MYERS FL 33912	I Physician	CHE			\$100.00

