

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

(1) MICHAEL ALEX KOEBA  
Name  
(2) 441 QUAIL MEADOW CT  
Address (number and street)  
DEBARY FL 32713  
City, State, Zip Code



CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): DEBARY City Council  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 09 / 2010 To 10 / 28 / 2010 Report Type G4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1045.23  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 1045.23

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 618.68

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 5971.46

**(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.

(Type name) WINFRED PAUL SHIRRA  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
**X** Winfred Paul Shirra  
 Signature

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

(Type name) MICHAEL ALEX KOEBA  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
**X** Michael Alex Koeba  
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL ALEX KOLBA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 09 / 2010 through 10 / 28 / 2010

(4) Page 1 of 1

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

(1) Name MICHAEL ALEX KOLBA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 09 / 2010 through 10 / 28 / 2010

(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
10/25/10 1	LIGHTHOUSE MAILING SERVICES 200 E. GRAVES AVE ORANGE CITY, FL 32763	DIRECT MAIL SERVICE	MON		159.75
10/14/10 2	SONSTATE PRINTING SOLUTIONS 211 BAYOU VISTA ST. DEBARY, FL 32713	PRINTING POSTCARDS	MON		215.64
10/25/10 3	US POSTMASTER	DIRECT MAIL	MON		669.84
1 / 1					
1 / 1					
1 / 1					
1 / 1					
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