

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) GARY M. WEIN
Name

(2) 153 MARIA CT
Address (number and street)

PUNTA GORDA, FL 33950
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

AUG - 4 2017

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City Council

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 24 / 17 To 8 / 4 / 17 Report Type: TR

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 0

Loans \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . 0

In-Kind \$ _____ , _____ , _____ . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 342.78

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 342.78

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 480.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 480.00

(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:

(Type name) Rex Koch

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X
Signature

(Type name) GARY M. WEIN

Candidate Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

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

(1) Name GARY M. WEIN (2) I.D. Number _____
 (3) Cover Period 6 / 24 / 2017 through 8 / 4 / 2017 (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
(6) Sequence Number					
6 / 24 / 2017	GARY M. WEIN 153 MARIA CT Punta Gorda, FL 33950	Repay loan personal to Champaign	REF		342.78
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