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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in	TYPE OR PRIN		ample: If typin er the lines.	g, type	12FE4M5	
Wes Neuman	For Congress					
ADDRESS (number an		prings Rd., Suite 3030)			
Check if diff than previou reported. (A	ısly Longwood				FL 3	32779
2. FEC IDENTIFIC	ATION NUMBER ▼	CITY A			STATE A	ZIP CODE
C C0055354	5	3. IS THIS REPORT	X NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT ED FL 07
(a) Quarterly Re April 15 July 15 October January	PORT (Choose One) eports: Quarterly Report (Q1) Quarterly Report (Q2) 15 Quarterly Report (Q3) 31 Year-End Report (YE)	Election on (c) 30-Day POS	Primary (12P) Convention (11 T-Election Report General (30G)	12C) 04 oort for the:	X General (1: Special (1: Y Y Y Y Y Y 2014 Runoff (30	in the FL State of
5. Covering Period	10 / D 01	Election on	through	M M	/ D D /	2014
I certify that I have e. Type or Print Name of	xamined this Report and to		owledge and i	belief it is ti	rue, correct and	complete.
Signature of Treasure	r Linda J Neuman,		[Electronically 1	Filed] [Date 10	23 / 2014
	false, erroneous, or incomp	lete information may	subject the per	son signing	this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Wes Neuman	For	Congress
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10 10 15 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 30.00 15609.13 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 30.00 15609.13 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 10.68 52347.44 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 10.68 52347.44 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1293.93 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 38032.24 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3 / 12

Write or Type Committee Name

Wes Neuman For Congress

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	10151.00	
	(ii) Unitemized	30.00	5458.13	
	(iii) TOTAL of contributions from individuals	30.00	15609.13	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	30.00	15609.13	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	38032.24	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	38032.24	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	30.00	53641.37	

DETAILED SUMMARY PAGE

of Disbursements PAGE 4 / 12 FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	10.68	52347.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS	0.00	0.00
(add Lines 19(a) and (b))	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) TOTAL CONTRIBUTION REFUNDS	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	10.68	52347.44
III. CASH S	SUMMARY	
23. CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD	1274.61
24 TOTAL RECEIPTS THIS PERIOD (from Line	e 16, page 3)	30.00
25. SUBTOTAL (add Line 23 and Line 24)		1304.61
26. TOTAL DISBURSEMENTS THIS PERIOD (f	rom Line 22)	10.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		

S

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	dule(s) (d of the	OR LINE NUMBER: PAGE 5 OF 12 Check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wes Neuman For Congress			
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank Mailing Address 1030 Montgomery Rd.			Date of Disbursement 10 02 2014
City State	Zip Code		Amount of Each Disbursement this Period
Altamonte Springs FL Purpose of Disbursement merchant fees	32714	001	5.73 Transaction ID : SB17.4616
Candidate Name Wes Neuman For Congress	2044	Category/ Type	- Transaction is 1 ob 17.4010
Office Sought: House Disbursement F			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y
City State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		Category/	
Office Sought: House Senate President Disbursement F Prima Other		Type	
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		Catagony	
Office Sought: House Disbursement F	For:	Category/ Type	-
	ry General (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5.73

5.73

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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OF

Detailed Summary Page 13b Transaction ID: SC/10.4448 NAME OF COMMITTEE (In Full) Wes Neuman For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary WESLEY RYAN NEUMAN General Mailing Address Other (specify) \blacktriangledown PO BOX 915949 City State ZIP Code FL 32791 LONGWOOD Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M ^D10^D ž014 110514 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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DANS			Detailed Summary Pag		13a 13b
AME OF COMMITTEE (In Full			Transac	ction ID : SC/10.4449	
Ves Neuman For Con	gress				
LOAN SOURCE Full Name WESLEY RYAN NE	•	le Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address PO BOX 915949				Other (specify) ▼	
City	5	State ZIP Co	ode		
LONGWOOD		FL 32791			
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of	This Period
	2335.91		0.00	23	35.91
Date Incurre	d Ž014 Y	Date Due	Interest Rate	% (apr)	\times
List All Endorsers or Guar	rantors (if any) to	Loan Source		Ye	es No
1. Full Name (Last, First, N	Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 9	
2. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7	
4. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
SUBTOTALS This Period This	Page (optional)		·····	23	35.91
TOTALS This Period (last pag	e in this line only)		·····		
Carry outstanding balance on	ly to LINE 3. Sche	dule D, for this line. If	no Schedule D. carry for	ward to appropriate line of S	Summarv.

Use separate schedule(s) for each category of the

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OF

Detailed Summary Page Transaction ID: SC/10.4450 NAME OF COMMITTEE (In Full) Wes Neuman For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary WESLEY RYAN NEUMAN General Mailing Address Other (specify) \blacktriangledown PO BOX 915949 City State ZIP Code FL 32791 LONGWOOD Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5500.00 0.00 5500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 27 ^M 03^M ž014 0.00 110514 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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OF

Detailed Summary Page Transaction ID: SC/10.4361 NAME OF COMMITTEE (In Full) Wes Neuman For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary WESLEY RYAN NEUMAN General Mailing Address Other (specify) \blacktriangledown PO BOX 915949 City State ZIP Code FL 32791 LONGWOOD Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6134.21 0.00 6134.21 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 04^M ^D29^D ž014 110514 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6134.21 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4362 NAME OF COMMITTEE (In Full) Wes Neuman For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary WESLEY RYAN NEUMAN General Mailing Address Other (specify) \blacktriangledown PO BOX 915949 City State ZIP Code FL 32791 LONGWOOD Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 8000.00 0.00 8000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M ^D12 ž014 0.00 110514 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 8000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4363 NAME OF COMMITTEE (In Full) Wes Neuman For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary WESLEY RYAN NEUMAN General Mailing Address Other (specify) \blacktriangledown PO BOX 915949 City State ZIP Code FL 32791 LONGWOOD Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 8005.41 0.00 8005.41 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 27 ^D ^M 06^M ž014 0.00 110514 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 8005.41 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4597 NAME OF COMMITTEE (In Full) Wes Neuman For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary WESLEY RYAN NEUMAN General Mailing Address Other (specify) \blacktriangledown PO BOX 915949 City State ZIP Code FL 32791 LONGWOOD Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3056.71 0.00 3056.71 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 ^M 08^M ž014 0.00 11/4/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3056.71 TOTALS This Period (last page in this line only) 38032.24 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.