11/11/2014 09 : 44

PAGE 1 / 15

## FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An	Authorized Co	mmittee			Office Use Only
NAME OF COMMITTEE (in full)  TYPE OR PRIM	•	Example: If typin over the lines.	g, type	12FE4M5	
Wes Neuman For Congress			1 1 1 1	1 1 1 1 1	1
ı 280 Wekiva S	prings Rd., Suite 30				
ADDRESS (number and street)	, , , , , , ,				
Check if different than previously reported. (ACC)				FL 3	32779
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		5	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00553545	3. IS THIS REPORT	× NEW	OR	AMEND (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) 12-Day <b>PI</b>	<b>RE</b> -Election Repo	ort for the:		
		Primary (12P)		General (1	2G) Runoff (12R)
April 15 Quarterly Report (Q1)		Convention (	12C)	Special (12	2S)
July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)	Election	on M M /	D D /	Y " Y " Y " Y	in the State of
January 31 Year-End Report (YE)	(c) 30-Day <b>P</b> (	OST-Election Rep	ort for the:		
	×	General (30G	)	Runoff (30	R) Special (30S)
Termination Report (TER)	Election	on 11	04	y y y y 2014	in the State of
5. Covering Period 10 16	/ Y Y Y Y Y 2014	through	M M 11	/ D D /	2014
I certify that I have examined this Report and t	o the best of my	knowledge and l	pelief it is tru	ie, correct and	l complete.
Type or Print Name of Treasurer Linda J Neur	man,				
Signature of Treasurer Linda J Neuman,		[Electronically 1	Filed] D	ate	11 / 2014
NOTE: Submission of false, erroneous, or incomp	ete information ma	ay subject the per	son signing t	his Report to th	ne 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

PAGE 2 / 15

Write or Type Committee Name

Wes Neuman For Congress	Wes	Neuman	For	Congres	SS
-------------------------	-----	--------	-----	---------	----

11 2014 16 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 30.00 15639.13 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 20.00 20.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 10.00 15619.13 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 7.87 52355.31 (from Line 17) ..... (b) Total Offsets to Operating 9.90 9.90 Expenditures (from Line 14)..... (c) Net Operating Expenditures -2.03 52345.41 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 105.96 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 36832.24 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

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 15

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Wes Neuman For Congress 2014 24 2014 Report Covering the Period: From: 10 16 To: 11 I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 04 2014 05 (date of general election) (date after general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 24 2014 Political Committees (last day of reporting period) Itemized (use Schedule A) 0.00 10151.00 0.00 (ii) Unitemized 30.00 5488.13 0.00 (iii) Total of contributions from individuals 30.00 15639.13 0.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 0.00 0.00 0.00

PAGE 4 / 15

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

COLUMN C **COLUMN A COLUMN B Total this Period** Election Cycle Total as of \* Total for \* (date after general election) (date of general election) through \* (last day of reporting period) (\* See page 5 for date) (\* See page 5 for dates) The Candidate 0.00 0.00 0.00 TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 15639.13 0.00 30.00 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 13. LOANS: (a) Made or Guaranteed by the Candidate 0.00 38032.24 0.00 All Other Loans 0.00 0.00 0.00 (c) TOTAL LOANS (add Lines 13(a) and (b)) 0.00 38032.24 0.00 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.) 9.90 9.90 0.00 15. OTHER RECEIPTS (Dividends, Interest, etc.) 0.00 0.00 0.00 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 39.90 53681.27 0.00

Report of Receipts and Disbursements

PAGE 5 / 15 FEC Form 3 (Revised 1/01) Write or Type Committee Name Wes Neuman For Congress 10 16 2014 2014 Report Covering the Period: 11 24 To: From: **II. DISBURSEMENTS COLUMN A COLUMN B COLUMN C Total this Period** Election Cycle Total as of \* Total for \* (date after general election) (date of general election) through \* (last day of reporting period) (\* See page 5 for date) (\* See page 5 for dates) 17. OPERATING EXPENDITURES 7.87 0.00 52355.31 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate 1200.00 0.00 1200.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 1200.00 0.00 1200.00 REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 20.00 0.00 20.00 (b) Political Party Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 15

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C  Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(c) Other Political Committees (such as PA	Cs)	
	0.00	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (ac	dd Lines 20(a), (b) and (c))	
	20.00	20.00	0.00
21.	OTHER DISBURSEMENTS		
	0.00	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 1	8, 19(c), 20(d) and 21)	
	1227.87	52375.31	1200.00
	III. NET CONTRIBUTIONS (OTHER  (Note: Substitute in lieu of Line #6	THAN LOANS)  of Summary Page for this report only; subtra	act Line 20(d) from Line 11(e))
	10.00	15619.13	0.00
	IV. NET OPERATING EXPENDITUR	ES	
	(Note: Substitute in lieu of Line	#7 of Summary Page for this report only; sul	otract Line 14 from Line 17)
	-2.03	52345.41	0.00
	V. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING PERIOD	1293.93
24.	TOTAL RECIEPTS THIS PERIOD (from Line	e 16)	39.90
25.	SUBTOTAL (add Line 23 and Line 24)		1333.83
26.	TOTAL DISBURSEMENTS THIS PERIOD (f	rom Line 22)	1227.87
27.	CASH ON HAND AT CLOSE OF REPORTIN	NG PERIOD (subtract Line 26 from Line 25)	105.96

## S

SCHEDULE B (FEC Form 3)  ITEMIZED DISBURSEMENTS  Use separate schedule(s) for each category of the betief Summary Fege  In the separate schedule(s) for each category of the betief Summary Fege  Item Summ		•			
April Information capied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Full)		•	for each category	of the	(check only one)
NAME OF COMMITTEE (in Full)  Wes Neuman For Congress  Full Name (Last, First, Middle Initial)  A. Wells Fargo Bank  Mailing Address 1030 Montgomery Rd.  City  State Zip Code Attamonte Springs  FL 32714  Purpose of Disbursement  Cardidate Name  Wes Neuman For Congress  Office Sought:  House  Disbursement For:  State:  District: 07  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  State  Disbursement For:  Senate  President  Other (specify)  Date of Disbursement this Period  Transaction ID: SB17.4626   Amount of Each Disbursement this Period  Transaction ID: SB17.4626   Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  State  Disbursement For:  Senate  President  Office Sought:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Disbursement For:  Senate  Primary  General  Other (specify)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  C.  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  C.  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  C.  Category/ Type  Office Sought:  Office	Ar	y information copied from such Reports and Statements me for commercial purposes, other than using the name and	nay not be sold or u address of any polit	used by any prical committe	person for the purpose of soliciting contributions
A. Wells Fargo Bank  Mailing Address 1030 Montgomery Rd.  City State Zip Code Altamonte Springs FL 32714  Purpose of Disbursement this Period Other (specify)  B. Mailing Address  City State Tip Code Category/ Type  Office Sought: House Primary General Other (specify)  B. Mailing Address  City State Zip Code  Purpose of Disbursement this Period  Date of Disbursement this Period  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB17.4626   Amount of Each Disbursement this Period  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		NAME OF COMMITTEE (In Full)			
City State Zip Code Altamonte Springs FL 32714  Purpose of Disbursement merchant fees Candidate Name Wes Neuman For Congress Office Sought: State: FL District: 07  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Purpose of Disbursement Candidate Name  Office Sought: House President Disbursement For: 2014  Category/ Type  Office Sought: New President Disbursement For: 2014  Category/ Type  Office Sought: New President Disbursement For: 2014  Category/ Type  Office Sought: New President Disbursement For: 2014  Category/ Type  Office Sought: New President Disbursement For: 2014  Category/ Type  Office Sought: New President Disbursement For: 2014  Category/ Type  Office Sought: New Primary General Disbursement For: 2014  Category/ Type  Office Sought: New Primary General Disbursement For: 2014  Category/ Type  Office Sought: New Primary General Disbursement For: 2014  Category/ Type  Office Sought: New Primary General Disbursement For: 2014  Category/ Type  Office Sought: New Primary General Disbursement For: 2014  Category/ Type  Office Sought: New Primary General Disbursement For: 2014  Category/ Type  Office Sought: House Disbursement For: 2014  Category/ Type  Office Sought: Other (specify)	Α.	Wells Fargo Bank			M M / D D / Y Y Y Y
Altamonte Springs FL 32714 Purpose of Disbursement morchant fees  Candidate Name  Wes Neuman For Congress  Office Sought: House Senate Primary General Primary General  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2014  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2014  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2014  Date of Disbursement this Period  Purpose of Disbursement  Candidate Name  Office Sought: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: Category/ Type			7: 0 !		
Candidate Name  Wes Neuman For Congress  Office Sought:  House Senate Primary General  State: FL District: 07  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  President Primary General  Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Amount of Each Disbursement this Period  Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this Period  Date of Disbursement this Period  Date of Disbursement this Period  Date of Disbursement this Period  Category/ Type  Office Sought: Joseph Jo					Amount of Each Disbursement this Period
Candidate Name  Wes Neuman For Congress  Office Sought:    House   Senate   President   President   State: FL District: 07   Primary   General   Primary   State: FL District: 07   Primary   General   President   Gategory/ Type   Office Sought:   House   Primary   General   Primary   Ge				001	
Senate President Other (specify)  State: FL District: 07  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this Period  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: State Zip Code  Amount of Each Disbursement  Category/ Type  Office Sought: General Other (specify)  Other (specify)  Other (specify)		Wes Neuman For Congress			Transaction is 1 55 in 1525
Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  State Zip Code  Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State Zip Code  Disbursement For:  Primary  Office Sought:  Cartegory/ Type  Office Sought:  Cartegory/ Type  Office Sought:  Cartegory/ Type  Office Sought:  Cartegory/ Type  Office Sought:  Date of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Cartegory/ Type  Office Sought:  House  Disbursement For:  Senate  Primary  Other (specify)  General  Other (specify)		Senate Primary President Other (s	X General		
Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General  President John Code  Mailing Address  City State Zip Code  Amount of Each Disbursement this Period  Date of Disbursement  M M / D D / Y Y Y Y Y Y  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General  Office Sought: House Disbursement For: Senate Primary General  Other (specify)		State: District.			
City State Zip Code  Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)	В.	Mailing Address			
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For:  Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General  Other (specify)		Mailing Address			
Candidate Name    Category/Type		City State	Zip Code		Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Other (specify)		Purpose of Disbursement			
Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)		Candidate Name			
Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House Senate Primary General Other (specify)  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Office So		Senate Primary	General		
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)					
City State Zip Code  Amount of Each Disbursement this Period  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Other (specify)	C.	Full Name (Last, First, Middle Initial)			Date of Disbursement
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  Disbursement For:  Senate Primary General Other (specify)		Mailing Address			M M / D D / Y Y Y
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)		City State Zi	ip Code		Amount of Each Disbursement this Period
Office Sought:  House Senate Primary Other (specify) Type  Category/ Type  Office Sought:  Off		Purpose of Disbursement			
Senate Primary General President Other (specify)					
		Senate Primary	General		
			. ,,		

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

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

7.87

7.87

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 OF 15 (check only one)
. LLLD DIODOI IOLIVILIATO	Detailed Summary Page	17   18   X   19a   19b   20c   21
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Wes Neuman For Congress		
Full Name (Last, First, Middle Initial)  NESLEY RYAN NEUMAN		Date of Disbursement
A. WESLET RTAIN INEUIVIAIN		M M / D D / Y Y Y Y
Mailing Address PO BOX 915949		11 11 2014
City State LONGWOOD FL	e Zip Code 32791	Amount of Each Disbursement this Period
Purpose of Disbursement	32/91	1200.00
Loan repayment	009	Transaction ID : SB19A.4624
Candidate Name Wes Neuman For Congress	Category Type	<i>y/</i>
Office Sought: House Disbursement		
	mary X General er (specify)	
State: FL District: 07	(	
Full Name (Last, First, Middle Initial)		
3.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State	e Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		7 L,
Candidate Name	Category Type	y/
Office Sought: House Disbursement		
	mary General ler (specify)	
State: District:	(>poo)	
Full Name (Last, First, Middle Initial)		
D.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	y/
State: District:	. •	
SUBTOTAL of Disbursements This Page (optional)		1200.00
······································		

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

1200.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

15

DANS			Detailed Summary Pag	
AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.4448
Ves Neuman For Congres	SS			
LOAN SOURCE Full Name (Las WESLEY RYAN NEUMA		Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General
Mailing Address PO BOX 915949				Other (specify)   ———————————————————————————————————
City	Sta	ate ZIP Co	ode	
LONGWOOD	F	EL 32791		
Original Amount of Loan	С	umulative Payment To	Date Bala	ance Outstanding at Close of This Period
50	00.00	7	0.00	5000.00
Date Incurred  M 02	¥ Y	Date Due	Interest Rate	% (apr)
List All Endorsers or Guarantor	s (if any) to Lo	oan Source		Yes No
1. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page	e (optional)		<b>&gt;</b>	5000.00
TOTALS This Period (last page in the	his line only)			
Carry outstanding balance only to	LINE 3. Schedu	lle D. for this line If	no Schedule D. carry fore	vard to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

10 OF

	1
X	13a
	13b

15

(check only one) Detailed Summary Page Transaction ID: SC/10.4449 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) ulletPO BOX 915949 City State ZIP Code FL 32791 LONGWOOD Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2335.91 0.00 2335.91 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 18<sup>D</sup> <sup>M</sup> 02<sup>M</sup> 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)..... 2335.91 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)

PAGE 11

X 13a I

15

JANO				Detailed Su	mmary Page	e (Gricoit Grilly	3110)	13b
AME OF COMMITTEE (In Fu Ves Neuman For Co	,				Transacti	ion ID : SC/10.4450	)	
LOAN SOURCE Full Nam WESLEY RYAN NE	•	le Initial)	L	PERSONAL	FUNDS]	Election: 2014  Primary  General		
Mailing Address PO BOX 915949						Other (specify	·) <b>▼</b>	
City	S	State 2	ZIP Code					
LONGWOOD		FL	32791					
Original Amount of Loan	5500.00	Cumulative Paym	ment To Dat	e 0.00	Balan	ce Outstanding at	Close of Ti	
TERMS		7	7					
Date Incurr	red Y Ž014 Y	Dat	te Due		nterest Rate 0.00	% (apr)	Secured	X
List All Endorsers or Gua	arantors (if any) to	Loan Source						
1. Full Name (Last, First,	Middle Initial)		Na	me of Empl	oyer			
Mailing Address			Od	ccupation				
City	State	ZIP Code	Gı	nount uaranteed utstanding:		7		
2. Full Name (Last, First,	Middle Initial)		Na	ame of Empl	oyer			
Mailing Address			Od	ccupation				
City	State	ZIP Code	Gı	nount uaranteed utstanding:		7 7		
3. Full Name (Last, First,	Middle Initial)		Na	ame of Empl	oyer			
Mailing Address			Od	ccupation				
City	State	ZIP Code	Gı	nount uaranteed utstanding:		7		
4. Full Name (Last, First,	Middle Initial)		Na	me of Empl	oyer			
Mailing Address			Od	ccupation				
City	State	ZIP Code	Gı	nount uaranteed utstanding:		7 7		
SUBTOTALS This Period Thi	s Page (optional)				<u> </u>	7	5500	0.00
TOTALS This Period (last pa					<u> </u>	7		
Carry outstanding balance of	only to LINE 3, Sche	aule D, for this l	line. If no	schedule D.	carry forwa	ard to appropriate	ine of Su	ımmary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

12

×	13a
	13b

15

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) ulletPO 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: <sup>M</sup> 04<sup>M</sup> <sup>D</sup>29<sup>D</sup> 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)..... 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

FOR LINE NUMBER: (check only one)

**PAGE** 

13 OF

X	13a
	13b

15

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) ulletPO 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: <sup>M</sup> 05<sup>M</sup> <sup>D</sup>12 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)

**PAGE** 

14

×	13a
	13b

15

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) ulletPO 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 1200.00 6805.41 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 27 <sup>D</sup> <sup>M</sup>06<sup>M</sup> 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)..... 6805.41 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:

PAGE

15 OF

	il
X	13a
	13h

15

(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) ulletPO 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 <sup>M</sup>08<sup>M</sup> 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) ...... 36832.24 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.