

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Wes Neuman For Congress

ADDRESS (number and street)

280 Wekiva Springs Rd., Suite 3030

Check if different than previously reported. (ACC)

Longwood

FL

32779

2. FEC IDENTIFICATION NUMBER ▼

C C00553545

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Linda J Neuman,

Signature of Treasurer Linda J Neuman,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 13 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Wes Neuman For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7376.38	14789.13
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7376.38	14789.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	28664.31	44810.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28664.31	44810.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4953.78	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	34975.53	

**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**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Wes Neuman For Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3733.00	9901.00
(ii) Unitemized.....	3643.38	4888.13
(iii) TOTAL of contributions from individuals ▶	7376.38	14789.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7376.38	14789.13
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	22139.62	34975.53
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	22139.62	34975.53
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	29516.00	49764.66

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28664.31	44810.88
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 .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	28664.31	44810.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4102.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29516.00
25. SUBTOTAL (add Line 23 and Line 24).....	33618.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28664.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4953.78

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 26			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

Any information copied 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)  
**Wes Neuman For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Martha Dervish**

Mailing Address 1732 Fountainhead Dr.

City Lake Mary	State FL	Zip Code 32746-4402
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation housewife
--------------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.4111**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

credit card

**B.** Full Name (Last, First, Middle Initial)  
**Martha Dervish**

Mailing Address 1732 Fountainhead Dr.

City Lake Mary	State FL	Zip Code 32746-4402
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation housewife
--------------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.4112**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

credit card

**C.** Full Name (Last, First, Middle Initial)  
**Martha Dervish**

Mailing Address 1732 Fountainhead Dr.

City Lake Mary	State FL	Zip Code 32746-4402
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation housewife
--------------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : SA11AI.4117**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

credit card

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 2500.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Neuman**

Mailing Address 650 Longmeadow Circle

City Longwood State FL Zip Code 32779

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Corps of Engineers Occupation Division Chief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.99**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 18 / 2014**

**Transaction ID : SA11AI.4132**

Amount of Each Receipt this Period  
**201.00**  
cash

**B.** Full Name (Last, First, Middle Initial)  
**Mark Neuman**

Mailing Address 650 Longmeadow Circle

City Longwood State FL Zip Code 32779

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Corps of Engineers Occupation Division Chief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **668.99**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : SA11AI.4313**

Amount of Each Receipt this Period  
**268.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mark Neuman**

Mailing Address 650 Longmeadow Circle

City Longwood State FL Zip Code 32779

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Corps of Engineers Occupation Division Chief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **868.99**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.4130**

Amount of Each Receipt this Period  
**200.00**  
cash

**SUBTOTAL** of Receipts This Page (optional).....

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

**669.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Neuman**

Mailing Address 650 Longmeadow Circle

City Longwood State FL Zip Code 32779

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Corps of Engineers Occupation Division Chief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **877.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
 9.00  
 cash

**B.** Full Name (Last, First, Middle Initial)  
**Mark Neuman**

Mailing Address 650 Longmeadow Circle

City Longwood State FL Zip Code 32779

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Corps of Engineers Occupation Division Chief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **897.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
 20.00  
 check

**C.** Full Name (Last, First, Middle Initial)  
**William Thibodeaux**

Mailing Address 113 Oakdale Loop

City Houma State LA Zip Code 70360-5932

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.4102**

Amount of Each Receipt this Period  
 250.00  
 credit card

**SUBTOTAL** of Receipts This Page (optional).....

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

**279.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judith Thompson**

Mailing Address 3427 Black Willow Trail

City Deland State FL Zip Code 32724-1191

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.4114**

Amount of Each Receipt this Period  
 250.00  
 credit card

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Wilson**

Mailing Address 225 Pierce St

City San Francisco State CA Zip Code 94117

FEC ID number of contributing federal political committee. **C**

Name of Employer Teach For America Occupation Managing Director, STEM Initiative

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.4312**

Amount of Each Receipt this Period  
 35.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

285.00

3733.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. WESLEY RYAN NEUMAN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address PO BOX 915949		<b>Transaction ID : SA13A.4361</b>	
City LONGWOOD	State FL	Zip Code 32791	Amount of Each Receipt this Period 6134.21 campaign expenses
FEC ID number of contributing federal political committee. C H4FL07087			
Name of Employer candidate	Occupation professional		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 18970.12		

Full Name (Last, First, Middle Initial) <b>B. WESLEY RYAN NEUMAN</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address PO BOX 915949		<b>Transaction ID : SA13A.4362</b>	
City LONGWOOD	State FL	Zip Code 32791	Amount of Each Receipt this Period 8000.00 campaign expenses
FEC ID number of contributing federal political committee. C H4FL07087			
Name of Employer candidate	Occupation professional		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 26970.12		

Full Name (Last, First, Middle Initial) <b>C. WESLEY RYAN NEUMAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address PO BOX 915949		<b>Transaction ID : SA13A.4363</b>	
City LONGWOOD	State FL	Zip Code 32791	Amount of Each Receipt this Period 8005.41 campaign expenses
FEC ID number of contributing federal political committee. C H4FL07087			
Name of Employer candidate	Occupation professional		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 34975.53		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22139.62
<b>TOTAL</b> This Period (last page this line number only).....	22139.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Activate LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 2232 Vermont St		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4331</b>
City Lawrence	State KS	
Zip Code 66046	Purpose of Disbursement 003	
Candidate Name <b>Wes Neuman For Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Activate LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2232 Vermont St		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4336</b>
City Lawrence	State KS	
Zip Code 66046	Purpose of Disbursement 003	
Candidate Name <b>Wes Neuman For Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>c. Activate LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2232 Vermont St		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4353</b>
City Lawrence	State KS	
Zip Code 66046	Purpose of Disbursement 003	
Candidate Name <b>Wes Neuman For Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ashley Parsons Design, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 1483 Lake Baldwin Lane Ste c		Amount of Each Disbursement this Period 890.94 <b>Transaction ID : SB17.4381</b>
City Orlando State FL Zip Code 32814	Purpose of Disbursement Ashley Parsons LLC 006 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>B. Ashley Parsons Design, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1483 Lake Baldwin Lane Ste c		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4343</b>
City Orlando State FL Zip Code 32814	Purpose of Disbursement 004 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>c. Ashley Parsons Design, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1483 Lake Baldwin Lane Ste c		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4344</b>
City Orlando State FL Zip Code 32814	Purpose of Disbursement 003 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1690.94
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ashley Parsons Design, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1483 Lake Baldwin Lane Ste c		Amount of Each Disbursement this Period 369.79 <b>Transaction ID : SB17.4345</b>
City Orlando State FL Zip Code 32814	Purpose of Disbursement 004 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T cellular</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 208 S. Akard St.		Amount of Each Disbursement this Period 196.77 <b>Transaction ID : SB17.4407</b>
City Dallas State TX Zip Code 75202	Purpose of Disbursement AT&T phone 001 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>c. Crowne Plaza Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 4000 S Ocean Dr.		Amount of Each Disbursement this Period 351.61 <b>Transaction ID : SB17.4364</b>
City Hollywood State FL Zip Code 33019	Purpose of Disbursement Crowne Plaza 002 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	918.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Florida Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 214 S Bronough St		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4376</b>
City Tallahassee	State FL	
Purpose of Disbursement Florida Democratic Party	Category/ Type 011	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

Full Name (Last, First, Middle Initial) <b>B. Florida Department of State</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address P.O. Box 6327		Amount of Each Disbursement this Period 10440.00 <b>Transaction ID : SB17.4322</b>
City Tallahassee	State FL	
Purpose of Disbursement qualifying fees	Category/ Type 005	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

Full Name (Last, First, Middle Initial) <b>c. Ellen Juliano</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1042 Rosetta Drive		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4338</b>
City Deltona	State FL	
Purpose of Disbursement campaign consultant	Category/ Type 001	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11290.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ellen Juliano</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1042 Rosetta Drive		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4356</b>
City Deltona	State FL	
Purpose of Disbursement campaign consultant	001	Category/ Type
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Tiffany Namey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 2411 Chinook Trail		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4339</b>
City Maitland	State FL	
Purpose of Disbursement campaign consultant	001	Category/ Type
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>c. Tiffany Namey</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2411 Chinook Trail		Amount of Each Disbursement this Period 1574.36 <b>Transaction ID : SB17.4355</b>
City Maitland	State FL	
Purpose of Disbursement campaign consultant	001	Category/ Type
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2824.36
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. WESLEY RYAN NEUMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO BOX 915949		Amount of Each Disbursement this Period 593.97 <b>Transaction ID : SB17.4329</b>
City LONGWOOD	State FL	
Zip Code 32791	Purpose of Disbursement	Category/ Type 003
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>B. WESLEY RYAN NEUMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO BOX 915949		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4360</b>
City LONGWOOD	State FL	
Zip Code 32791	Purpose of Disbursement fundraising reimb	Category/ Type 002
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>C. WESLEY RYAN NEUMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 915949		Amount of Each Disbursement this Period 974.98 <b>Transaction ID : SB17.4415</b>
City LONGWOOD	State FL	
Zip Code 32791	Purpose of Disbursement	Category/ Type 009
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2568.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ngpvan</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1101 15th St. NW, suite 500		Amount of Each Disbursement this Period 2700.00 <b>Transaction ID : SB17.4365</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement NGP Van 003 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>B. Oviedo-Winter Springs Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 376 North Central Ave		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.4348</b>
City Oviedo State FL Zip Code 32765	Purpose of Disbursement 2014 Hob Nob event 007 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>c. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 144 2nd st. Floor 1		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4379</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement PIRYX Orange County Democrats 007 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3425.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Precision Signs</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 207 Main St. S		Amount of Each Disbursement this Period 480.00 <b>Transaction ID : SB17.4359</b>
City Austin State MN Zip Code 55912	Purpose of Disbursement brochures and fact sheet 004 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>B. Publix Super Marken</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2381 W State Rd. 434		Amount of Each Disbursement this Period 86.44 <b>Transaction ID : SB17.4392</b>
City Longwood State FL Zip Code 32779	Purpose of Disbursement Publix supplies 003 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2690 W State Rd 434		Amount of Each Disbursement this Period 52.51 <b>Transaction ID : SB17.4394</b>
City Longwood State FL Zip Code 32779	Purpose of Disbursement Shell 002 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	618.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 2690 W State Rd 434		Amount of Each Disbursement this Period 59.57 <b>Transaction ID : SB17.4408</b>
City Longwood	State FL	
Purpose of Disbursement Shell		Category/ Type 002
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2690 W State Rd 434		Amount of Each Disbursement this Period 4.23 <b>Transaction ID : SB17.4409</b>
City Longwood	State FL	
Purpose of Disbursement Shell		Category/ Type 002
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2690 W State Rd 434		Amount of Each Disbursement this Period 56.84 <b>Transaction ID : SB17.4414</b>
City Longwood	State FL	
Purpose of Disbursement Shell oil		Category/ Type 002
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.64
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Silly Grape</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1720 Fennell St. #5		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.4342</b>
City Maitland	State FL	
Zip Code 32751	Purpose of Disbursement Event venue	Category/ Type 003
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1030 Montgomery Rd.		Amount of Each Disbursement this Period 194.47 <b>Transaction ID : SB17.4337</b>
City Altamonte Springs	State FL	
Zip Code 32714	Purpose of Disbursement merchant fees	Category/ Type 001
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1030 Montgomery Rd.		Amount of Each Disbursement this Period 5.00 <b>Transaction ID : SB17.4349</b>
City Altamonte Springs	State FL	
Zip Code 32714	Purpose of Disbursement merchant refund	Category/ Type 010
Candidate Name <b>Wes Neuman For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1049.47
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wes Neuman For Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1030 Montgomery Rd.		Amount of Each Disbursement this Period 615.38 <b>Transaction ID : SB17.4354</b>
City Altamonte Springs State FL Zip Code 32714	Purpose of Disbursement merchant fees 001 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Without a Paddle Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 1014 Miami Springs Rd.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4369</b>
City Longwood State FL Zip Code 32779	Purpose of Disbursement without a paddle event 007 Category/Type	
Candidate Name <b>Wes Neuman For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	615.38
<b>TOTAL</b> This Period (last page this line number only).....	26321.86

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4448

Wes Neuman For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

WESLEY RYAN NEUMAN

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 915949

City State ZIP Code  
LONGWOOD FL 32791

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
5000.00 0.00 5000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 02 / D 10 / Y 2014 M M / D D / Y 110514 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Wes Neuman For Congress** Transaction ID : **SC/10.4449**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **WESLEY RYAN NEUMAN** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 915949

City State ZIP Code  
 LONGWOOD FL 32791

Original Amount of Loan 2335.91	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2335.91
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred M 02 / D 18 / Y 2014	Date Due M / D / Y 110514	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 2335.91
<b>TOTALS</b> 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.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4450

Wes Neuman For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

WESLEY RYAN NEUMAN

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 915949

City State ZIP Code  
LONGWOOD FL 32791

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
5500.00 0.00 5500.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 27 / Y 2014 M M / D D / Y 110514 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Wes Neuman For Congress** Transaction ID : **SC/10.4361**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **WESLEY RYAN NEUMAN** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 915949

City State ZIP Code  
 LONGWOOD FL 32791

Original Amount of Loan 6134.21	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6134.21
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**TERMS**

Date Incurred M 04 / D 29 / Y 2014	Date Due M M / D D / Y 110514	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 6134.21
<b>TOTALS</b> 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.**



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4362

Wes Neuman For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

WESLEY RYAN NEUMAN

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 915949

City State ZIP Code  
LONGWOOD FL 32791

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
8000.00 0.00 8000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 12 / Y 2014 M M / D D / Y 110514 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Wes Neuman For Congress** Transaction ID : **SC/10.4363**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **WESLEY RYAN NEUMAN** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 915949

City State ZIP Code  
 LONGWOOD FL 32791

Original Amount of Loan 8005.41	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8005.41
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**TERMS**

Date Incurred M 06 / D 27 / Y 2014	Date Due M M / D D / Y 110514	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	8005.41
<b>TOTALS</b> This Period (last page in this line only).....	34975.53

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.