

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Enid Weisman  
Name  
(2) P.O BOX 801901  
Address (number and street)  
Aventura, FL 33180  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1306073]

Submitted on:  
4/10/2024 09:22:19 (eastern)

Check here if address has changed

(3) ID Number: 2729

(4) Check appropriate box(es):

- Candidate Office Sought: School Board District 03  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded  
 Party Executive Committee (PTY)  Check here if PTY has disbanded  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From 1 / 1 / 2024 To 3 / 31 / 2024 Report Type: 24Q1

Original  Amendment  Special Election Report

## (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00  
Loans \$        ,        , 0 . 00  
Total Monetary \$        ,        , 0 . 00  
In-Kind \$        ,        , 0 . 00

## (7) Expenditures This Report

Monetary Expenditures \$        ,        , 30 . 00  
Transfers to Office Account \$        ,        , 0 . 00  
Total Monetary \$        ,        , 30 . 00

## (8) Other Distributions

\$        ,        , 0 . 00

## (9) TOTAL Monetary Contributions To Date

\$        , 1 , 000 . 00

## (10) TOTAL Monetary Expenditures To Date

\$        ,        , 603 . 77

## (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name)

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

X

Signature

(Type name)

Candidate  Chairperson (only for PC and PTY)

X

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Enid Weisman (2) I.D. Number 2729  
 (3) Cover Period 1/1/2024 through 3/31/2024 (4) Page 1 of 0

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

(1) Name Enid Weisman

(2) I.D. Number 2729

(3) Cover Period 1/1/2024 through 3/31/2024

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/31/2024 //	Wells Fargo Bank, 2929 NE 199th Street Aventura, FL 33180	bank fee	MO		\$10.00
1					
2/29/2024 //	Wells Fargo Bank, 2929 NE 199th Street Aventura, FL 33180	bank fee	MO		\$10.00
2					
3/31/2024 //	Wells Fargo Bank, 2929 NE 199th Street Aventura, FL 33180	bank fee	MO		\$10.00
3					
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