

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David C. Koenig  
 Name  
 (2) 2825 Judge Fran Jamieson Way  
 Address (number and street)  
Viera, FL 32940  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1110632]  
 Submitted on:  
 7/2/2016 09:23:54 (eastern)

Check here if address has changed (3) ID Number: 619

(4) Check appropriate box(es):  
 Candidate Office Sought: County Court Judge, Group 9  
 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 5 / 1 / 2016 To 8 / 4 / 2016 Report Type: TRJQ  
 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 \$        ,        , 25 . 95  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 25 . 95

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 6 , 675 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 6 , 675 . 00

### (11) Certification

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

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

(Type name) \_\_\_\_\_  
 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 David C. Koenig (2) I.D. Number 619

5/1/2016 through 8/4/2016

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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 David C. Koenig

(2) I.D. Number 619

(3) Cover Period 5/1/2016 through 8/4/2016

(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
6/30/2016 //	National Veterans Homeless Sup, 7075 N. Cocoa Blvd Ste 700 Port St. John, FL 32927	charitable contribution to 501(c) (3)	MO		\$25.95
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