

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Bill Weller  
Name  
(2) 4351 Pinnacle Street  
Address (number and street)  
Port Charlotte, FL 33980  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1020131]  
Submitted on:  
8/6/2010 09:23:12 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 215

(4) Check appropriate box(es):  
 Candidate (office sought): School Board District 4  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/17/2010 To 7/30/2010 / Report Type F2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 500.00  
 Loans \$ 2,400.00  
 Total Monetary \$ 2,900.00  
 In-Kind \$ 116.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 3,328.41  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 3,328.41

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 6,510.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 4,651.88

**(11) CERTIFICATION**

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

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Bill Weller **(2) I.D. Number** 215  
**(3) Cover Period** 7/17/2010 through 7/30/2010 **(4) Page** 1 of 1

(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
(6) Sequence Number						
7/21/2010 / /	Weller, Bill 13325 Golf Pointe Drive Port Charlotte, FL 33953	I director of administra ti	LO			\$2,400.00
1						
7/23/2010 / /	Grant Medical Transportation,, PO Box 494317 Port Charlotte, FL 33949	I medical transporta tion c	CH			\$500.00
2						
7/26/2010 / /	Weller, Bill 13325 Golf Pointe Drive Port Charlotte, FL 33953	I director of administra ti	IK	postage		\$116.00
3						
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Bill Weller

(2) I.D. Number 215

(3) Cover Period 7/17/2010 through 7/30/2010

(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
7/22/2010 / / 1	Postcard Builder, 815 14th Ave SE Minneapolis, MN 55414	printing and mailing	MO		\$2,340.00
7/23/2010 / / 2	Artype, Inc., 3530 Work Drive Ft. Myers, FL 33916	sign printing	MO		\$539.01
7/28/2010 / / 3	KN Computer Supply, 13131 93rd Street North Largo, FL 33773	printing	MO		\$449.40
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