

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Wells
 Name
 (2) 9330 Edistro Place
 Address (number and street)
New Port Richey, FL 34654
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1145769]

Submitted on:
 11/2/2017 14:57:51 (eastern)

Check here if address has changed

(3) ID Number: 970

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 4
- 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 6 / 1 / 2017 To 6 / 30 / 2017 Report Type: M6

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 \$, , 16 . 95

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 16 . 95

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 127 , 455 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 410 . 68

(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 Mike Wells (2) I.D. Number 970

6/1/2017 through 6/30/2017

(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Wells

(2) I.D. Number 970

(3) Cover Period 6/1/2017 through 6/30/2017

(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					
6/28/2017 //	Deluxe Check, PO Box 742572 Cincinnati, OH 45274	check order	MO	Add	\$16.95
1					
//					
//					
//					
//					
//					
//					
//					