CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Charles Altwein	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1217A NW Sun Terrace Circle	Submitted on:							
	Address (number and street) Port St Lucie, FL 34986	7/14/2016 08:43:31 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 300							
(4)	Check appropriate box(es):								
	 ☑ Candidate Office Sought: St. Lucie West Services District, Seat 5 ☐ 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) 								
	(5) Report	Identifiers							
Cove	`,'.	9 / 21 / 2016 Report Type: Q-TR							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
	I Monetary \$,,	Total Monetary \$, , <u>120</u> . <u>00</u>							
In-Ki	nd \$,, <u>0</u> .00	(0) Other Distribution							
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$								
(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									
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Charles Altwein				2) I.D. Numbe	er3	100
(3) Cover Perio	6/25/2016 od / /	thro	ough	/21/2016 //	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
I I			·		·		
1 1							
J I							
J I							
I I							
J I							
J I							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Charles	Altwe	ein				 (2) I.D. Num	ber	3	300	39
	6	5/25/2	016		9/21/20	016					
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/12/2016	altwein, charles b 1217A NW Sun Terrsce Circle Port St, Lucie, Fl 34986	refund of loan to candidate	МО		\$120.00
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