

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gary Schindele  
 Name  
 (2) 16933 Florence View Dr  
 Address (number and street)  
Montevdre, FL 34756  
 City, State, Zip Code



Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- |  |                      |  |
|--|----------------------|--|
| <input checked="" type="checkbox"/> Candidate  | Office Sought: _____ |  |
| <input type="checkbox"/> Political Committee (PC)  |                      | <input type="checkbox"/> Check here if PC or ECO has disbanded                 |
| <input type="checkbox"/> Electioneering Communications Org. (ECO)  |                      | <input type="checkbox"/> Check here if PTY has disbanded                       |
| <input type="checkbox"/> Party Executive Committee (PTY)   |                      | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) |                      |  |

### (5) Report Identifiers

Cover Period: From 01 / Aug / 2021 To 31 / Aug / 2021 Report Type: \_\_\_\_\_

- Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \$500.00 , \_\_\_\_ . \_\_\_\_

Loans      \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Total Monetary      \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

In-Kind      \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures      \$ 0 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Transfers to Office Account      \$ 0 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Total Monetary      \$ 0 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (8) Other Distributions

\$ 0 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \$500.00 , \_\_\_\_ . \_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ 0 , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

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

X   
 Signature

(Type name) Gary Schindele  
 Candidate     Chairperson (only for PC and PTY)

X   
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name GARY SCHINDELE (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / AUG / 2021 through 31 / AUG / 2021 (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
16 / Aug / 2021	TOWN OF MONTVERDE P.O. BOX 560008 MONTVERDE, FL 34756	FILING FEE	CAN	N/A	\$60.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name GARY SCHINDELE (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / AUG / 2021 through 31 / AUG / 2021 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
14 / AUG / 2021	GARY SCHINDELE	S	N/A	CWE	N/A	N/A	\$500.-
1	16933 FLORENCE VIEWDR MOUNTVERDE, FL 33456						