

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Marihelen Wheeler Campaign

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13318.85	43666.16
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12818.85	43166.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9824.31	32518.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9824.31	32518.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10399.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Marihelen Wheeler Campaign

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5734.00	18789.00
(ii) Unitemized.....	7561.00	21141.12
(iii) TOTAL of contributions from individuals ▶	13295.00	39930.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	23.85	3736.04
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13318.85	43666.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13318.85	43666.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9824.31	32518.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	500.00
21. OTHER DISBURSEMENTS	158.10	247.66
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10482.41	33266.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7563.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13318.85
25. SUBTOTAL (add Line 23 and Line 24).....	20882.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10482.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10399.78

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Amended to correct clerical errors

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
John Burgess

Mailing Address 3951 NW 59th Ave

City Gainesville State FL Zip Code 32653

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2014

Transaction ID : SA11AI.5255

Amount of Each Receipt this Period
250.00

Individual Contributor through ActBlue

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3955.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2014

Transaction ID : SA11AI.5255.0

Amount of Each Receipt this Period
250.00

\$250 of \$625 Received during this check cycle through ActBlue
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Scott Camil

Mailing Address PO Box 141693

City Gainesville State FL Zip Code 32604

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Author

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period
250.00

Individual Contributor

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5255.0

Total (\$625) earmarked through conduit (ActBlue); PAC limit not affected. Check #3000167317

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
Mary Folz Donahue

Mailing Address 740 NE 23rd Ave
#B-19

City Gainesville State FL Zip Code 32609

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Gainesville, FL Occupation Transit Dispatcher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2014

Transaction ID : SA11AI.5245

Amount of Each Receipt this Period
250.00

Individual contributor through ActBlue

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2014

Transaction ID : SA11AI.5245.0

Amount of Each Receipt this Period
250.00

\$250 of \$1015 received during this check cycle through ActBlue
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Ellen Goodman

Mailing Address 8985 SW 86th Loop

City Ocala State FL Zip Code 34481

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Gainesville, FL Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.5279

Amount of Each Receipt this Period
1000.00

Individual Contributor through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5245.0

Total (\$1015) earmarked through conduit (ActBlue); PAC limit not affected. Check #3000166223

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.5279.0

Amount of Each Receipt this Period
1000.00

\$1000 of \$1771 received during this check cycle through ActBlue
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Patrick Hamilton

Mailing Address 201 Owens Ave

City Saint Augustine State FL Zip Code 32080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Realtor

Receipt For: 2015
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.4739

Amount of Each Receipt this Period
500.00

Individual Contributor

C. Full Name (Last, First, Middle Initial)
Martin Heesacker

Mailing Address 4048 SW 97th Dr

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Florida Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.5257

Amount of Each Receipt this Period
250.00

Individual Contributor through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5279.0

Total (\$1771) earmarked through conduit (ActBlue); PAC limit not affected. Check #3000169649

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3605.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.5257.0

Amount of Each Receipt this Period
250.00

\$250 of \$625 received during this check cycle through ActBlue
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Robert T Ing

Mailing Address 2515 NW 20th Street

City State Zip Code
Gainesville FL 32605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.4793

Amount of Each Receipt this Period
250.00

Individual Contributor

C. Full Name (Last, First, Middle Initial)
Arthur H Johnson

Mailing Address 16130 NW 32nd Ave

City State Zip Code
Newberry FL 32669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2014

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
300.00

Individual Contributor

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5257.0

Total (\$625) earmarked thorough conduit (ActBlue); PAC limit not affected. Check #3000167317

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
Linda Norris

Mailing Address 610 NW 34th Ave

City Gainesville State FL Zip Code 32609

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired librarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period
 500.00

Individual Contributor

B. Full Name (Last, First, Middle Initial)
Dennis O'Toole

Mailing Address PO Box 97

City Branford State FL Zip Code 32008

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period
 1000.00

Individual Contributor

C. Full Name (Last, First, Middle Initial)
Allan Pither

Mailing Address PO Box 635

City Cedar Key State FL Zip Code 32625

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11AI.5283

Amount of Each Receipt this Period
 50.00

Individual Contributor through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6131.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11AI.5283.0

Amount of Each Receipt this Period
50.00

\$50 of \$150 received during this check cycle through ActBlue
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Virginia Sloan

Mailing Address 4510 NW 17th Place

City State Zip Code
Gainesville FL 32605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Psychotherapist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period
300.00

Individual Contributor

C. Full Name (Last, First, Middle Initial)
Kathleen Still

Mailing Address 14167 SW 101st Ave

City State Zip Code
Starke FL 32091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired retired teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.4800

Amount of Each Receipt this Period
250.00

Individual Contributor

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5283.0

Total (\$150) earmarked through conduit (ActBlue); PAC limit not affected. Check #3000170330

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
Mary Trew

Mailing Address 9922 SW 41st Rd

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SA11AI.4737

Amount of Each Receipt this Period
250.00

Individual Contributor

B. Full Name (Last, First, Middle Initial)
Sam B Trickey

Mailing Address 723 NW 19th Street

City Gainesville State FL Zip Code 32603

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period
250.00

Individual Contributor

C. Full Name (Last, First, Middle Initial)
Paul Thomas Wheeler

Mailing Address 1122 NW 18th Avenue

City Gainesville State FL Zip Code 32609

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation psychotherapist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1024.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period
24.00

In-kind - Tickets to VFW Dinner event Chiefland

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

524.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
Norris Williams

Mailing Address 2430 NW 38th St.

City Gainesville State FL Zip Code 32605

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida Occupation Curator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
 _____ 10.00

Individual Contributor

B. Full Name (Last, First, Middle Initial)
Robert C Ziller

Mailing Address 5318 NW 9th Lane

City Gainesville State FL Zip Code 32605

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2014

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period
 _____ 50.00

Individual Contributor

C. Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 60.00

_____ 5734.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

A. Full Name (Last, First, Middle Initial)
Mrs. Marihelen Haddock Wheeler

Mailing Address 1122 NW 18th Avenue

City Gainesville State FL Zip Code 32605

FEC ID number of contributing federal political committee. **C H4FL03110**

Name of Employer Alachua County School District Occupation Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3736.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11D.5036

Amount of Each Receipt this Period
23.85

In-kind -Covered Xerographic Printing fee

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

23.85

23.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

Full Name (Last, First, Middle Initial) A. Alta Systems, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 6825 NW 18th Drive		Amount of Each Disbursement this Period 151.47
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement Printing Palm Cards	Transaction ID : SB17.5014
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Alta Systems, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 6825 NW 18th Drive		Amount of Each Disbursement this Period 151.47
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement Palm cards printing	Transaction ID : SB17.5013
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bulldog Finance Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1250 Connecticut Ave, NW Suite 200		Amount of Each Disbursement this Period 3150.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Hiring of Finance specialist company	Transaction ID : SB17.5031
Candidate Name Marihelen Wheeler Campaign	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 03		

SUBTOTAL of Disbursements This Page (optional).....	3452.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

Full Name (Last, First, Middle Initial) A. Alyson H Chadwick			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014		
Mailing Address 3801 Garfield St, NW			Amount of Each Disbursement this Period 500.00		
City Washington	State DC	Zip Code 20007	Transaction ID : SB17.5042		
Purpose of Disbursement Office Manager's Salary		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Dollar Tree			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014		
Mailing Address 1355 NW 23rd Ave			Amount of Each Disbursement this Period 742.00		
City Gainesville	State FL	Zip Code 32605	Transaction ID : SB17.5027		
Purpose of Disbursement frames for disclaimer signs		Category/ Type			
Candidate Name Marihelen Wheeler Campaign					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: FL	District: 03				

Full Name (Last, First, Middle Initial) c. Dragonfly Graphics			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014		
Mailing Address 319 SW 3rd Ave			Amount of Each Disbursement this Period 540.00		
City Gainesville	State FL	Zip Code 32601	Transaction ID : SB17.5018		
Purpose of Disbursement T-shirt printing		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1782.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

Full Name (Last, First, Middle Initial) A. James B Hoy		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2014
Mailing Address 4320 SW 83rd Way		Amount of Each Disbursement this Period 3911.40 Transaction ID : SB17.5016
City Gainesville	State FL	
Zip Code 32608	Purpose of Disbursement Rental of Archer Community Center	Category/ Type
Candidate Name Marihelen Wheeler Campaign	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 03	

Full Name (Last, First, Middle Initial) B. Ms Betty June Keena		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 3320 NW 25th Ave		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5020
City Gainesville	State FL	
Zip Code 32605	Purpose of Disbursement Treasurer's Salary	Category/ Type
Candidate Name Marihelen Wheeler Campaign	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 03	

Full Name (Last, First, Middle Initial) c. Lamar Advertising		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 2065 NW 57th St		Amount of Each Disbursement this Period 3486.40 Transaction ID : SB17.5029
City Ocala	State FL	
Zip Code 34475	Purpose of Disbursement 2 billboards for 2 advertising cycles	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3911.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 25		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

Full Name (Last, First, Middle Initial) A. Mrs. Marihelen Haddock Wheeler		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1122 NW 18th Avenue		Amount of Each Disbursement this Period 23.85
City Gainesville State FL Zip Code 32605	Purpose of Disbursement In-kind -Covered Xerographic Printing fee	
Candidate Name	Category/Type	Transaction ID : SB17.5037
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	23.85
TOTAL This Period (last page this line number only).....	9170.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 25			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

Full Name (Last, First, Middle Initial) A. Southern Realty of St. Augustine and Crescent Beach		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 201 Owens Ave		Amount of Each Disbursement this Period 500.00
City Saint Augustine	State FL	
Zip Code 32080	Purpose of Disbursement Return of Corporate check	Transaction ID : SB20A.5006
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 25
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Marihelen Wheeler Campaign

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 75.92 Transaction ID : SB21.5047
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Processing fee	Category/ Type
Candidate Name Marihelen Wheeler Campaign	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL	District: 03	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 5.94 Transaction ID : SB21.5048
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Processing fee	Category/ Type
Candidate Name Marihelen Wheeler Campaign	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL	District: 03	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	75.92
TOTAL This Period (last page this line number only).....	75.92