Image# 14970754022 PAGE 1 / 43

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For Ar	Authorized	Committee	,		Office Use Only
NAME OF COMMITTEE (in	TYPE OR PR	RINT ▼	Example: If typin over the lines.	ıg, type	12FE4M5	
DREIKORN F	OR CONGRESS	1 1 1 1 1 1		1 1 1 1		
ADDRESS (number ar	PO BOX 65	4				
*						
Check if direction than previous reported. (A	usly BOKEELIA				FL S	33922
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY	, ^		STATE A	ZIP CODE A STATE ▼ DISTRICT
C C0055640	64	3. IS THI REPO		OR	× AMEND (A)	
4. TYPE OF RE (a) Quarterly R	PORT (Choose One)	(b) 12-Day	PRE-Election Repo	ort for the:		
	5 Quarterly Report (Q1)		Primary (12P	')	General (1	2G) Runoff (12R)
			Convention (12C)	Special (12	2S)
	Quarterly Report (Q2) or 15 Quarterly Report (Q3)	Election	on on	D D /	Y Y Y	in the State of
January	y 31 Year-End Report (YE)	(c) 30-Day	POST-Election Rep	port for the:	:	
			General (300	à)	Runoff (30	R) Special (30S)
Termina	ation Report (TER)	Electio	on on	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D 03	/ Y Y Y Y 2014	through	M M M M 06	/ 0 0 /	Y Y Y Y Y 2014
-	examined this Report and	I to the best of	my knowledge and	belief it is ti	rue, correct and	l complete.
Type or Print Name	of Treasurer Darlene So	oler				
Signature of Treasure	er Darlene Soler		[Electronically	Filed] [Date 09	11 / 2014
NOTE: Submission of	false, erroneous, or incom	plete information	may subject the per	son signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 43

Write or Type Committee Name DREIKORN FOR CONGRESS

04 06 30 2014 03 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 8695.00 15745.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 8695.00 15745.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 7971.07 23026.40 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 7971.07 23026.40 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 2452.77 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 9734.17 Schedule C and/or Schedule D).....

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)

PAGE 3 / 43

Write or Type Committee Name

DREIKORN FOR CONGRESS

03 06 2014 04 2014 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 6750.00 12875.00 (i) Itemized (use Schedule A)..... 1945.00 2870.00 (ii) Unitemized..... (iii) TOTAL of contributions 8695.00 15745.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 8695.00 15745.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS:

(a)	Mad

- le or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- TOTAL LOANS (add Lines 13(a) and (b)).....
- 14. OFFSETS TO OPERATING **EXPENDITURES** (Refunds, Rebates, etc.)
- 15. OTHER RECEIPTS (Dividends, Interest, etc.)
- 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

I	-	Ţ	Ξ	Ţ	0.00	
					0.00	

0.00

0.00

0.00

Ι	7	Ι	Ι	7	Ι	0.00]
						8695.00	٦

Г.							0.00
	7			7			W
_							0.00
_	7	-	-	7	-	-	0.00
	-	-	-		-	÷	-
		_		_		263	84.17
	7		Ť	7	_		

10639.17

10639.17

0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 43

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	7971.07	23026.40
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	by the Candidate	905.00	905.00
	(b) Of All Other Loans	0.00	0.00
	(add Lines 19(a) and (b))	905.00	905.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(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))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	8876.07	23931.40
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	2633.84
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	8695.00
25.	SUBTOTAL (add Line 23 and Line 24)		11328.84
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	8876.07
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		2452.77

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	OR LINE NUMBER:				PAGE	:	5	OF	43
(che	ck only	or	ne)						
X	11a		11b		11c		11	d	_
	12		13a		13b		14	. [15

Ar or	ry information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and ad	not be sold or used by any produced of any political committee	person for the purpose of soliciting contributions are to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) John Cammick Mailing Address Box 400			Date of Receipt 04 13 2014
	City	State FL	Zip Code 33993	Transaction ID : SA11AI.4288
	Matlacha FEC ID number of contributing federal political committee.	С	33993	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired		200.00
	Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cyc	le-to-Date 725.00	
В.	Full Name (Last, First, Middle Initial) John Cammick Mailing Address Box 400			Date of Receipt
				04 13 2014
	City Matlacha	State FL	Zip Code 33993	Transaction ID : SA11AI.4289
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		250.00
	Receipt For: 2014	Retired Election Cyc	le-to-Date	_
	Primary General Other (specify) Special-Primary		975.00	
_	Full Name (Last, First, Middle Initial) Sherrill Cornett			Date of Receipt
C.	Mailing Address 13396 Onion Creek CT			04 11 2014
	City Fort Myers	State FL	Zip Code 33912	Transaction ID : SA11Al.4308
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation		1000.00
	Lee County Schools Receipt For: 2014	Sub-Teacher		
	Primary General	Election Cyc	ie-to-Date	
	Other (specify) Special-Primary		1000.00	
Г	UBTOTAL of Receipts This Page (optional)			1450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	FOR LINE NUMBER:					6	OF		43
(check only one)									
X 1	1a	11b		11c		110	d		
1 12	2	13a		13b		14			15

	Statements may not be sold or used by any pe le name and address of any political committee	
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		
Full Name (Last, First, Middle Initial) Sherrill Cornett Mailing Address 13396 Onion Creek CT		Date of Receipt 04 13 2014
City Fort Myers	State Zip Code FL 33912	Transaction ID : SA11AI.4310
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Lee County Schools	Occupation Sub-Teacher	100.00
Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) Karl Dreikorn Mailing Address PSC 476 Box 66		Date of Receipt
City FPO	State Zip Code AP 96322-0066	04 13 2014 Transaction ID : SA11AI.4286
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer US Navy	Occupation Facility Engineer	150.00
Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cycle-to-Date 400.00	
Full Name (Last, First, Middle Initial) Veronica Duflo		Date of Receipt
Mailing Address 6334 Cedelia Road City	State Zip Code	04 06 2014
Bokeelia	FL 33922	Transaction ID : SA11AI.4314
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Retired	Occupation Retired	400.00
Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

43

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) L Cedelia Gregorsky Date of Receipt Mailing Address 6351 Cedelia Road 04 2014 15 City State Zip Code Transaction ID: SA11AI.4327 FL 33922 Bokeelia FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 200.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date Primary General 300.00 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) Tom Morrie Data of Bossint В.

TOTTINOTIS		Date of neceipt
Mailing Address 14141 Harbor Dr		04 14 2014
City	State Zip Code	Transaction ID : SA11AI.4297
Bokeelia	FL 33922	Transaction is . CATTAIN-EST
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	250.00
Southern Air Inc	Loadmaster	
Receipt For: 2014	Election Cycle-to-Date	
Primary General Other (specify) Special-Primary	250.00	
Full Name (Last, First, Middle Initial) Patricia Pierce		Date of Receipt

Mailing Address 33751 Blessington Lane 04 16 2014 City State Zip Code Transaction ID: SA11AI.4294 CA San Juan Capistrano 92675 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Retired Executive Receipt For: 2014 Election Cycle-to-Date Primary General

Other (specify) Special-Primary	1500.00								
SUBTOTAL of Receipts This Page (optional)				Ξ	Ξ	,	Ξ	1950.00	
TOTAL This Period (last page this line number	r only)		,	_	Ξ	,	Ξ		

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: [PAGE	:	8	OF	43
(che	ck only	one)						
X	11a	11	b	11c		11	d	
	12	13	a	13b		14		15

		Statements may not be sold or used by any pene name and address of any political committee	
	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		
<u> </u>	Full Name (Last, First, Middle Initial) Robert Ponchak		Date of Receipt
Α.	Mailing Address 8715 52nd Ave E		04 12 2014
	City Bradenton	State Zip Code FL 34211	Transaction ID : SA11AI.4287
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired	100.00
	Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cycle-to-Date 350.00	
В.	Full Name (Last, First, Middle Initial) Brian Rist		Date of Receipt
	Mailing Address 6182 Idlewild Street		04 16 2014
	City Fort Myers	State Zip Code FL 33966	Transaction ID : SA11AI.4342
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation CEO/ Owner	2600.00
	Smart Companies Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cycle-to-Date 2600.00	
_	Full Name (Last, First, Middle Initial)		Date of Descript
C.	Mailing Address		Date of Receipt
	City	State Zip Code	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
[s	SUBTOTAL of Receipts This Page (optional)		2700.00
Г	OTAL This Period (last page this line number		6750.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

_							
	y information copied from such Reports and Statements may not be sold or used by any per for commercial purposes, other than using the name and address of any political committee						
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS						
۹.	Full Name (Last, First, Middle Initial) Artype, Inc Mailing Address 3530 Work Drive	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City State Zip Code Fort Myers FL 33916 Purpose of Disbursement Yard Sogns Candidate Name Category/ Type Office Sought: House Senate Primary General Primary State: District: State Zip Code FL 33916 Out Category/ Type Other (specify) Special-Primary	Amount of Each Disbursement this Period 895.70 Transaction ID: SB17.4396					
Full Name (Last, First, Middle Initial) Bank of America Merchant Services Mailing Address PO Box 6600 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City State Zip Code Hagerstown MD 21741 Purpose of Disbursement Merchant Services Fee Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District:	Amount of Each Disbursement this Period 72.61 Transaction ID : SB17.4423					
Э.	Full Name (Last, First, Middle Initial) Bank of America Merchant Services Mailing Address PO Box 6600	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City State Zip Code Hagerstown MD 21741 Purpose of Disbursement Merchant Services Fee Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 Senate Primary General Primary State: District:	Amount of Each Disbursement this Period 0.05 Transaction ID : SB17.4424					
SI	SUBTOTAL of Disbursements This Page (optional)						
T	TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

TEMIZED DIODOTIOEMENTO	Detailed Summary Page	20a 20b 20c 21
Any information copied from such Reports and State or for commercial purposes, other than using the na		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		
Hagerstown Purpose of Disbursement Merchant Services Fee Candidate Name	State Zip Code MD 21741 Category, Type ment For: 2014 Primary General Other (specify) Special-Primary	Date of Disbursement M M M / D D / Y Y Y Y Y O5 O2 2014 Amount of Each Disbursement this Period 48.73 Transaction ID : SB17.4427
Hagerstown Purpose of Disbursement Merchant Services Charge Candidate Name	State Zip Code MD 21741 001 Category, Type ment For: 2014 Primary General Other (specify) Special-Primary	Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period 7.00 Transaction ID: SB17.4428
Full Name (Last, First, Middle Initial) Bellasera Hotel Mailing Address 221 Ninth Street South City State Naples FL Purpose of Disbursement Collier County Republican Committee Meet and Gr Candidate Name	34102	Date of Disbursement M M / D D / Y Y Y Y O4 16 2014 Amount of Each Disbursement this Period 500.00 Transaction ID: SB17.4362
SUBTOTAL of Disbursements This Page (optional)		555.73

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	PAGE	11	OF	43		
Use separate schedule(s)	(check on	ly one)					
for each category of the Detailed Summary Page	X]17 [18		19a] 19b
Detailed Summary Fage		20a	20k	o	20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Staples 2014 Mailing Address 1800 Pine Island Road 17 City State Zip Code Amount of Each Disbursement this Period FΙ Cape Coral 33909 Purpose of Disbursement 266.77 Printer Toner 001 Transaction ID: SB17.4368 Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) Special-Primary President District: State: Full Name (Last, First, Middle Initial) WFSX-FM Date of Disbursement Mailing Address 2824 Palm Beach Blvd 04 14 2014 City State Zip Code Amount of Each Disbursement this Period FL 33916 Fort Myers 1010.00 Purpose of Disbursement Radio Advertising 004 Transaction ID: SB17.4359 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President Special-Primary State: District: Full Name (Last, First, Middle Initial) C. WFSX-FM Date of Disbursement Mailing Address 2824 Palm Beach Blvd 04 2014 16 City Zip Code State Amount of Each Disbursement this Period 33916 Fort Myers FL Purpose of Disbursement 1460.00 Radio Advertising 004 Transaction ID : SB17.4367 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) Special-Primary State: District: 2736.77 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:			F	PAGE	12	OF	43
Use separate schedule(s)	(check on	ly one)						
for each category of the Detailed Summary Page	X	17		18		19a		19k
Detailed Suffillary Fage		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement WFSX-FM 2014 Mailing Address 2824 Palm Beach Blvd 04 18 City State Zip Code Amount of Each Disbursement this Period FL Fort Myers 33916 Purpose of Disbursement 2600.00 Radio Advertising 004 Transaction ID: SB17.4385 Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) Special-Primary President District: State: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate General Primary President Other (specify) State: District: 2600.00 SUBTOTAL of Disbursements This Page (optional)..... 6860.86 TOTAL This Period (last page this line number only).....

lm	nage# 14970754034												
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch		FOR LINE NUMBER: (check only one)					OF		-		
	LIMIZED DISBONSEMENTS	Detailed Summar			\vdash	17 20a	Н	18 20b		19a 20c		19b	'
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a												
\rangle	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS												
۹.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN				ate o	of Disbu	ırse		Y	Y	l v		
	Mailing Address 5697 Bay Point Road				05		02			2014			
	City State BOKEELIA FL	Zip Code 33922		Ar	nou	nt of Ea	ıch	Disburs	emer	t this	Pe	riod	_
	Purpose of Disbursement Loan Repayment			Tro		tion ID	. er	2104.4	112	28	80.00)	
	Candidate Name		Category/ Type		ısac	לו ווסוו	. 31) 19A.4	+12				
	State: FL District: 19	: 2014 General specify) Special-Pri											
3.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN					of Disbu		_					
	Mailing Address 5697 Bay Point Road				м 05	М /	07	D /		2014	- Y		
	City State BOKEELIA FL	Zip Code 33922		Ar	nou	nt of Ea	ıch	Disburs	emer	t this	Pe	riod	_
	Purpose of Disbursement Loan Repayment			Tro	2000	tion ID	. er	210.4.4	120	20	00.00)	
	Candidate Name		Category/ Type	III	isac	.tion ib	. 31) I J M.4.	+20				
	Office Sought: House Disbursement For	General	mary										
	Full Name (Last, First, Middle Initial)												_
Э.	MICHAEL JOHN DREIKORN					of Disbu					Lv		
	Mailing Address 5697 Bay Point Road				05		12	2		2014	Y		
		p Code 3922		Ar	moui	nt of Ea	ıch	Disburs	emer	t this	Pei	riod	
	Purpose of Disbursement Loan Repayment			7 L			_			20	0.00	0	
	Candidate Name		Category/ Type		sac	tion ID :	SE	19A.44	121				

FE5AN018

State:

Office Sought:

FL

House

Senate

District:

President

19

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

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

Disbursement For: 2014 Primary

General

Other (specify) Special-Primary

680.00

ū				
	JLE B (FEC Form 3) ED DISBURSEMENTS	Use separate so for each categor Detailed Summa	chedule(s) (ry of the	FOR LINE NUMBER: PAGE 14 OF 43 (check only one)
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\	F COMMITTEE (In Full) KORN FOR CONGRESS			
MICH	e (Last, First, Middle Initial) AEL JOHN DREIKORN			Date of Disbursement
Mailing A	Address 5697 Bay Point Road			05 21 2014
City BOKEEL Purpose		State Zip Code FL 33922		Amount of Each Disbursement this Period
	epayment		Category/	Transaction ID : SB19A.4422
Office Sc	Senate	nent For: 2014 Primary General Other (specify) Special-Pr	Type	
	e (Last, First, Middle Initial)			
Mailing A	address			Date of Disbursement
City	5	State Zip Code		Amount of Each Disbursement this Period
Purpose	of Disbursement			
Candidat			Category/ Type	
Office So	Senate	nent For: Primary General Other (specify)		
Full Nam	e (Last, First, Middle Initial)			Date of Disbursement
O. 				M M / D D / Y Y Y
Mailing A	Address			
City	State	Zip Code		Amount of Each Disbursement this Period
	of Disbursement			
Candidat			Category/ Type	
Office Sc	Senate	nent For: Primary General Other (specify)		
State:	District:			

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

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

225.00

905.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

15

×	13a
	13h

43

for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4218 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 47.94 0.00 47.94 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 ^M 12^M ^D26 2013 ^M10 0005 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 47.94 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

16

×	13a
	13h

43

(check only one) Detailed Summary Page Transaction ID: SC/10.4244 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 750.00 0.00 750.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 01 ^M ^D22 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 750.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

17

×	13a
	13b

43

LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4235 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 35.00 0.00 35.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 01^M ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 35.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

18

_	i
X	13a
	13b

43

(check only one) Detailed Summary Page Transaction ID: SC/10.4236 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11.20 0.00 11.20 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M ^D30 010 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 11.20 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

19

	1
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4228 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 51.89 0.00 51.89 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M 02 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 51.89 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

20

×	13a
	13b

43

(check only one) Detailed Summary Page Transaction ID: SC/10.4245 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 109.70 0.00 109.70 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M 05 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 109.70 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 21

X 13a

43

JAN5		Detailed Summary Page	crieck only one)
AME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		Transacti	ion ID : SC/10.4226
LOAN SOURCE Full Name (Last, First, MICHAEL JOHN DREIKORN	Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 5697 Bay Point Road			Other (specify) ▼ Special-Primary
City	State ZIP Co	ode	
BOKEELIA	FL 33922		
Original Amount of Loan	Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
Date Incurred MO2 ^M / DO7 ^D / Y Y Y Y Y Y Y	Date Due	Interest Rate 0011 Y 0.00	Secured: % (apr)
List All Endorsers or Guarantors (if ar	y) to Loan Source	-	Yes No
1. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (option	nal)		14.52
TOTALS This Period (last page in this line Carry outstanding balance only to LINE 3,			and to appropriate line of Summer-
Jany Judalanding Dalance Unity to LINE 3,	Jonedule D, 101 tills lille. II	no ochedule D, Carry forwa	aru to appropriate lille or Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

22

	1
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4248 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 75.00 0.00 75.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 02^M ž014 ^M10 ^D31 ^D 0003 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 75.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

23

	i
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4249 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5.00 0.00 5.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M 08 ž014 ^M10 ^D31 ^D 0003 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 24

X 13a

43

JAN5		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		Transacti	ion ID : SC/10.4234
LOAN SOURCE Full Name (Last, First, MICHAEL JOHN DREIKORN	Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 5697 Bay Point Road			Other (specify) ▼ Special-Primary
City	State ZIP Co	de	
BOKEELIA	FL 33922		
Original Amount of Loan	Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period 238.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 10 / Y Ž01 Y	MO9 M / DO1 D / Y	0.00 O	% (apr) Yes No
List All Endorsers or Guarantors (if any	y) to Loan Source		Tes INC
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (option	al)		238.00
TOTALS This Period (last page in this line	only)	······	. , ,
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry forwa	ard to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

25

X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4231 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6.77 0.00 6.77 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M ^D11 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6.77 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

26

×	13a
	13h

43

(check only one) Detailed Summary Page Transaction ID: SC/10.4237 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 330.72 0.00 330.72 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M ^D 11 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 330.72 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

27

	il.
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4227 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 24.06 0.00 24.06 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M ^D12 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 24.06 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

28

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4239 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 16.00 0.00 16.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D 010 ^M 02^M ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 16.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

29

	1
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4242 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 19.00 0.00 19.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M 20 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 19.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

30 OF

×	13a
	13b

43

for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4250 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D21 ^D 010 ^M 02^M ž014 [™]12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

31 OF

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4230 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4.02 0.00 4.02 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M ^D24 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4.02 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

32

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4251 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M ^D24 ž014 [™]12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

33 OF

	i
×	13a
	13h

43

Detailed Summary Page Transaction ID: SC/10.4238 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 8.00 0.00 8.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 02^M ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 8.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 34

13a 13b

43

LOANS		Detailed Summary Pag	le (check drilly drie)
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		Transac	tion ID : SC/10.4241
LOAN SOURCE Full Name (Last, First, M MICHAEL JOHN DREIKORN	iddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 5697 Bay Point Road			Other (specify) ▼ Special-Primary
City	State ZIP Co	ode	
BOKEELIA	FL 33922		
Original Amount of Loan 32.00	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
Date Incurred Mo2 ^M / P27 ^D / Y 2014 Y	Date Due	Interest Rate	
List All Endorsers or Guarantors (if any)	to Loan Source		Tes NO
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (optional)			32.00
TOTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, So			yard to appropriate line of Summer:
carry outstanding palance only to LINE 3, So	medule D, for this line. It	no ochedule D. Carry forv	raru to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

35 OF

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4252 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 280.00 0.00 280.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 010 ^M 03^M ž014 [™]12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 280.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

36

×	13a
	13b

43

(check only one) Detailed Summary Page Transaction ID: SC/10.4225 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 130.37 0.00 130.37 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 14 ^D 010 ^M 03^M ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 130.37 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

37

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4240 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6.36 0.00 6.36 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 010 ^M 03^M ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6.36 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

38 OF

X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4224 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 130.37 0.00 130.37 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D 010 ^M 03^M ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 130.37 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

39

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4233 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 29.27 0.00 29.27 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 03^M 20 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 29.27 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

40

	il
X	13a
	13h

43

(check only one) Detailed Summary Page Transaction ID: SC/10.4243 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 19.00 0.00 19.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 03^M 20 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 19.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

41

×	13a
	13h

43

Detailed Summary Page Transaction ID: SC/10.4257 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 905.00 1095.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 03^M 20 ž014 [™]12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1095.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

42

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4229 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 131.43 0.00 131.43 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 03^M ^D22 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 131.43 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

43

	il.
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4223 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 133.55 0.00 133.55 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 ^M 04 02 ž014 ^M09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 133.55 TOTALS This Period (last page in this line only) 9734.17 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.