

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Bill Posey

ADDRESS (number and street)

P. O. Box 411486

Check if different than previously reported. (ACC)

Melbourne

FL

32941

2. FEC IDENTIFICATION NUMBER ▼

C C00444968

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Bill Posey

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)).... | 176999.20 | 787784.43 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 550.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 176999.20 | 787234.43 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 87513.99 | 471832.55 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 330.31 | 719.75 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 87183.68 | 471112.80 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 606970.01 | |
| 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)..... | 16744.64 | |

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

Friends of Bill Posey

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)..... | 101692.00 | 372342.00 |
| (ii) Unitemized..... | 20165.00 | 98459.13 |
| (iii) TOTAL of contributions from individuals ▶ | 121857.00 | 470801.13 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 55142.20 | 316983.30 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 176999.20 | 787784.43 |
| 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.) | 330.31 | 719.75 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 95.01 | 444.16 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 177424.52 | 788948.34 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 87513.99 | 471832.55 |
| 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 | 0.00 | 550.00 |
| (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 | 550.00 |
| 21. OTHER DISBURSEMENTS | 5500.00 | 62150.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 93013.99 | 534532.55 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 522559.48 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 177424.52 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 699984.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 93013.99 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 606970.01 |

**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 5 OF 122 |
| | <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 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jennifer Adams

Mailing Address 3665 Big Pine Road

City Melbourne State FL Zip Code 32934

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

Name of Employer Harris Corporation Occupation engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C-19-01rA01

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Fred L. Addison

Mailing Address 186 20th Avenue

City Vero Beach State FL Zip Code 32962

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : C-25-00Ad05

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Shirley P. Baccus

Mailing Address 300 Atlantic Street

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-123-001D05

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 6 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Carolyn V. Baney

Mailing Address 133 Lansing Island Drive

City Indian Harbour Beach State FL Zip Code 32937

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

Name of Employer n/a 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
 06 / 05 / 2014

Transaction ID : C-148-01rs01

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Richard N. Baney

Mailing Address 133 Lansing Island Drive

City Indian Harbour Beach State FL Zip Code 32937

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-153-00BN0C

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jacalyn L. Bartlett

Mailing Address 734 Hummingbird Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer Harris Corporation Occupation controller

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C-199-01rX01

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 7 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert A. Baugher

Mailing Address 2210 S. Atlantic Avenue

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer self-employed Occupation hotelier

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
 06 / 05 / 2014

Transaction ID : C-208-00Ct08

Amount of Each Receipt this Period
500.00

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

Mailing Address 549 Hoot Owl Court

City State Zip Code
Melbourne FL 32935

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : C-228-00xj06

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Lee A. Bertman

Mailing Address 115 Rivercove Lane

City State Zip Code
Vero Beach FL 32963

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

Name of Employer self-employed Occupation cable tv professional

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : C-239-01L302

Amount of Each Receipt this Period
500.00

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

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

1100.00

**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 8 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Suzanne E. Bertman

Mailing Address 115 Rivercove Lane

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: self-employed Occupation: cable tv professional

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 20 / 2014

Transaction ID : C-240-01L402

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Linda J. Blake

Mailing Address 8876 N. Sea Oaks Way, #402

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 01 / 2014

Transaction ID : C-259-01YQ02

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Walter R. Blake

Mailing Address 8876 N. Sea Oaks Way, #402

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: self-employed Occupation: attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 01 / 2014

Transaction ID : C-260-01Eu03

Amount of Each Receipt this Period: 500.00

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

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

1500.00

**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 9 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Mark Blaxill

Mailing Address 184 High Street

City Boston State MA Zip Code 02110

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

Name of Employer 3LP Occupation managing partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : C-263-01s301

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Jeffrey M. Borysiewicz

Mailing Address 5737 Emerson Pointe Way

City Orlando State FL Zip Code 32819

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

Name of Employer Corona Cigar Company Occupation cigar retailer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : C-301-00XN07

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
David O. Brock

Mailing Address 5 Inwood Way

City Indian Harbour Beach State FL Zip Code 32937

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

Name of Employer Community Credit Union Occupation c.e.o.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-338-00Yn07

Amount of Each Receipt this Period
 250.00

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

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

2250.00

**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 10 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
William T. Brognano

Mailing Address 4245 Amelia Plantation Court

City State Zip Code
Vero Beach FL 32967

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

Name of Employer Occupation
Ameron Homes, Inc. owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : C-343-00QY02

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brenda D. Bronson

Mailing Address 1620 S. Lyndell Drive

City State Zip Code
Kissimmee FL 34741

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-346-003F04

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
William M. Brown

Mailing Address 3059 Wyndham Way

City State Zip Code
Viera FL 32940

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

Name of Employer Occupation
Harris Corporation president/c.e.o.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C-363-01Lz02

Amount of Each Receipt this Period
2000.00

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

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

5100.00

**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 11 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jeannine B. Browning

Mailing Address 8552 Sylvan Drive

| | | |
|-------------------|-------------|-------------------|
| City Melbourne | State FL | Zip Code 32904 |
|-------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer Browning Managers, LLC | Occupation manager |
|--|-----------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : C-369-01mV02

Amount of Each Receipt this Period
1000.00

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

Mailing Address 8552 Sylvan Drive

| | | |
|-------------------|-------------|-------------------|
| City Melbourne | State FL | Zip Code 32904 |
|-------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer Browning Managers, LLC | Occupation manager |
|--|-----------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : C-370-01mV03

Amount of Each Receipt this Period
1500.00

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

Mailing Address 834 Puesta Del Sol

| | | |
|---------------------|-------------|-------------------|
| City Indialantic | State FL | Zip Code 32903 |
|---------------------|-------------|-------------------|

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

| | |
|--|--------------------------|
| Name of Employer Harris Corporation | Occupation management |
|--|--------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C-403-01MI02

Amount of Each Receipt this Period
500.00

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

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

3000.00

**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 12 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Kevin J. Callaghan

Mailing Address 1370 Tradition Circle, #201

City Melbourne State FL Zip Code 32901

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

Name of Employer Harris Corporation Occupation finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C-433-01rH01

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert A. Carr

Mailing Address 166 Kerrsville Road

City Carlisle State PA Zip Code 17015

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

Name of Employer Northrop Grumman Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-454-01qh01

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James T. Clamons

Mailing Address 150 Salmon Drive, N.E.

City Palm Bay State FL Zip Code 32907

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

Name of Employer Harris Corporation Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C-519-01ra01

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 13 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Karol A. Clifton

Mailing Address 102 Riverside Drive, #706

City State Zip Code
Cocoa FL 32922

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : C-526-005n06

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Garrett L. Cohee

Mailing Address 421 Rio Villa Blvd.

City State Zip Code
Indialantic FL 32903

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

Name of Employer Occupation
Harris Corporation director/program mgmt.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C-532-01rb01

Amount of Each Receipt this Period
250.00

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

Mailing Address 142 S. Twin Lakes Road

City State Zip Code
Cocoa FL 32926

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : C-541-00WE0A

Amount of Each Receipt this Period
50.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 14 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Garren S. Cone

Mailing Address P. O. Box 254555

City State Zip Code
Patrick AFB FL 32925

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 14 / 2014

Transaction ID : C-556-01Es02

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
William E. Conner

Mailing Address 3516 Peninsula Circle

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
Harris Corporation attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C-559-01M002

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Hugh D. Corrigan

Mailing Address 7150 20th Street, #E

City State Zip Code
Vero Beach FL 32966

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

Name of Employer Occupation
self-employed citrus farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : C-579-004H09

Amount of Each Receipt this Period
150.00

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 15 OF 122
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Kathy Crandall

Mailing Address 8950 S. Tropical Trail

City State Zip Code
Merritt Island FL 32952

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

Name of Employer Occupation
Harris Corporation program manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : C-595-01qn01

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lisa F. Crites

Mailing Address 22 W. Point Drive

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Occupation
self-employed media strategist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-600-01rI01

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ava K. Cronin

Mailing Address 150 Riverside Drive

City State Zip Code
Melbourne Beach FL 32951

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : C-606-00Ke0A

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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 16 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Carl D. D'Alessandro

Mailing Address 3795 Ramblewood Court

City State Zip Code
Melbourne FL 32934

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

Name of Employer Occupation
Harris Corporation vice-president of business dev.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : C-627-01M802

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Linda F. Davis

Mailing Address 3760 N. Riverside Drive

City State Zip Code
Indialantic FL 32903

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-656-01TW03

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2132 Appalachian Drive

City State Zip Code
Melbourne FL 32935

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

Name of Employer Occupation
Harris Corporation security architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C-672-01r301

Amount of Each Receipt this Period
250.00

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

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

2250.00

**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 17 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert Bruce Deardoff

Mailing Address 1850 E. Merritt Island Causeway

City Merritt Island State FL Zip Code 32952

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

Name of Employer Deardoff Automotive Group Occupation auto dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : C-674-00MA09

Amount of Each Receipt this Period
1600.00

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

Mailing Address 610 Baytree Drive

City Melbourne State FL Zip Code 32940

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

Name of Employer Harris Corporation Occupation vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C-675-01rE01

Amount of Each Receipt this Period
500.00

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

Mailing Address 815 Sanderling Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer Omni Healthcare Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : C-687-00MB08

Amount of Each Receipt this Period
600.00

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

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

2700.00

**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 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Craig Deligdish | | Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014 |
| Mailing Address 815 Sanderling Drive | | Transaction ID : C-688-00MB09 |
| City Indialantic | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer Omni Healthcare | Occupation physician | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3000.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Jose Diaz | | Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014 |
| Mailing Address 4315 S.W. 140th Court | | Transaction ID : C-703-01q601 |
| City Miami | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Robert M. Levy & Assoc. | Occupation govt. relations | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Melanie Dietz | | Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 5960 Riverside Drive | | Transaction ID : C-724-01rU01 |
| City Melbourne Beach | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Harris Corporation | Occupation director | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1150.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 19 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Thomas M. Dreher

Mailing Address 134 Lansing Island Drive

City State Zip Code
Indian Harbour Beach FL 32937

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

Name of Employer Occupation
Assoc. Credit Information Systems manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : C-759-000904

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
James A. Dubea

Mailing Address 2250 Queen Ann Street

City State Zip Code
Merritt Island FL 32952

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

Name of Employer Occupation
Canaveral Port Authority executive director

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
 06 / 05 / 2014

Transaction ID : C-764-01rn01

Amount of Each Receipt this Period
250.00

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

Mailing Address 2085 Highway A1A, #3705

City State Zip Code
Indian Harbour Beach FL 32937

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

Name of Employer Occupation
Harris Corporation senior vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : C-769-01ql01

Amount of Each Receipt this Period
1000.00

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

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

2250.00

**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 20 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Patricia C. Dunsmore

Mailing Address 51 S. White Jewel Court

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
n/a 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
05 / 09 / 2014

Transaction ID : C-781-01qa01

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lisa C. Dwoskin

Mailing Address 1255 Crest Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
n/a volunteer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : C-788-01pl01

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Lewis M. Eisenberg

Mailing Address 9 W. 57th Street, #4200

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Kohlberg, Kraus & Roberts senior advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : C-800-01L102

Amount of Each Receipt this Period
1000.00

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

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

4100.00

**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 21 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Philip I. Eschbach

Mailing Address 1503 Rockledge Drive

| | | |
|-------------------|-------------|-------------------|
| City Rockledge | State FL | Zip Code 32955 |
|-------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer Home Veterinary Services | Occupation executive |
|--|-------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : C-826-00ET06

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Barbara C. Evans

Mailing Address 1534 Riverside Drive

| | | |
|--------------------|-------------|-------------------|
| City Titusville | State FL | Zip Code 32780 |
|--------------------|-------------|-------------------|

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

| | |
|---|-----------------------|
| Name of Employer Barbara Evans Designs | Occupation jewelry |
|---|-----------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-836-01r501

Amount of Each Receipt this Period
300.00

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

Mailing Address 115 Island View Drive

| | | |
|------------------------------|-------------|-------------------|
| City Indian Harbour Beach | State FL | Zip Code 32937 |
|------------------------------|-------------|-------------------|

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

| | |
|--|------------------------------|
| Name of Employer Harris Corporation | Occupation vice-president |
|--|------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C-850-01rK01

Amount of Each Receipt this Period
500.00

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

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

1300.00

**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 22 OF 122 | |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Russell E. Fischer

Mailing Address 33 Fairway Drive

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Occupation
Bernard's Surf owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C-874-00H104

Amount of Each Receipt this Period
250.00

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

Mailing Address 1060 Meadowlark Lane

City State Zip Code
Merritt Island FL 32953

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

Name of Employer Occupation
self-employed physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : C-888-00Lt07

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Sheldon J. Fox

Mailing Address 708 Ironwood Court

City State Zip Code
Winter Springs FL 32708

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

Name of Employer Occupation
Harris Corporation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C-900-00WG03

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 23 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jeffrey A. Frisco

Mailing Address 1583 Breezewood Lane, N.W.

City State Zip Code
Palm Bay FL 32907

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

Name of Employer Occupation
LiveTV, Inc. vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : C-917-01S003

Amount of Each Receipt this Period
750.00

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

Mailing Address 722 Loggerhead Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : C-950-00I206

Amount of Each Receipt this Period
2600.00

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

Mailing Address 722 Loggerhead Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : C-951-00I207

Amount of Each Receipt this Period
2600.00

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

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

5950.00

**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 24 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Walter J. Gatti

Mailing Address 2060 S. Patrick Drive

City State Zip Code
Indian Harbour Beach FL 32937

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

Name of Employer Occupation
Tensor Engineering president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-954-00Rx08

Amount of Each Receipt this Period
1600.00

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

Mailing Address 2147 Royal Oaks Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
Harris Corporation vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : C-955-01r701

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
George R. Geletko

Mailing Address 507 Lake Victoria Circle

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
Waste Management executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : C-964-00MJ05

Amount of Each Receipt this Period
500.00

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

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

2600.00

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

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

FOR LINE NUMBER: PAGE 25 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Lynn M. Generazio

Mailing Address 161 Filbert Street

City Sebastian State FL Zip Code 32958

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

Name of Employer n/a Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : C-970-003z07

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Judith A. George

Mailing Address 262 Antigua Drive

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer n/a 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
06 / 09 / 2014

Transaction ID : C-972-01W904

Amount of Each Receipt this Period
150.00

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

Mailing Address 687 Deerhurst Drive

City Melbourne State FL Zip Code 32940

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

Name of Employer Harris Corporation Occupation vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : C-973-01rB01

Amount of Each Receipt this Period
250.00

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

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

500.00

**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 26 OF 122 |
| | <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 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Caroline D. Ginn

Mailing Address 5151 Highway A1A, #305

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 23 / 2014

Transaction ID : C-983-01D103

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
James P. Girard

Mailing Address 52 Charlton Drive

City: South Glastonbury State: CT Zip Code: 06073

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

Name of Employer: Harris Corporation Occupation: human resources

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 02 / 2014

Transaction ID : C-985-01rI01

Amount of Each Receipt this Period: 500.00

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

Mailing Address 1500 S. Ocean Blvd.

City: Boca Raton State: FL Zip Code: 33432

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

Name of Employer: n/a Occupation: retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 07 / 2014

Transaction ID : C-992-01oi01

Amount of Each Receipt this Period: 500.00

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

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

1250.00

**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 27 OF 122 |
| | <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)
Friends of Bill Posey

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Perry Greathouse | | Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014 | |
| Mailing Address 3850 Peacock Drive | | Transaction ID : C-1021-01rd01 | |
| City Melbourne | State FL | Zip Code 32904 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Harris Corporation | Occupation executive | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Max Green | | Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014 | |
| Mailing Address 11110 Hampton Road | | Transaction ID : C-1024-01qi01 | |
| City Fairfax Station | State VA | Zip Code 22039 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Harris Corporation | Occupation executive assistant | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Jeffrey Greenspoon | | Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014 | |
| Mailing Address 6865 S. Tropical Trail | | Transaction ID : C-1030-000306 | |
| City Merritt Island | State FL | Zip Code 32952 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Greenspoon's Orthopedics | Occupation physician | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | 1250.00 |

**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 28 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Michael R. Grilli

Mailing Address 1870 Cutlass Cove Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Grilli Investment Management, LLC executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : C-1040-01AK03

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
James W. Handley

Mailing Address 10 Willow Green Drive

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-1083-00D304

Amount of Each Receipt this Period
200.00

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

Mailing Address 309 Berry Street, S.E.

City State Zip Code
Vienna VA 22180

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

Name of Employer Occupation
Harris Corporation govt. relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-1085-01MH02

Amount of Each Receipt this Period
500.00

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 29 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert H. Hartmann

Mailing Address 100 Beachview Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
n/a 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
 05 / 23 / 2014

Transaction ID : C-1104-01qq01

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Rosemary J. Hartmann

Mailing Address 100 Beachview Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
n/a 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
 05 / 23 / 2014

Transaction ID : C-1105-01qp01

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Angela G. Hebert

Mailing Address 4 Marina Isles Blvd., #202

City State Zip Code
Indian Harbour Beach FL 32937

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2014

Transaction ID : C-1121-00hN03

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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 30 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Bjornar K. Hermansen

Mailing Address 205 Hacienda Drive

City Merritt Island State FL Zip Code 32952

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

Name of Employer self-employed Occupation investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-1137-00C80A

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Tom C. Hermansen

Mailing Address 3030 Wave Crest Drive

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer Ocean Partners Assoc., LLLP Occupation hotelier

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-1139-00YL05

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Gail G. Holder

Mailing Address 52 Ridge Court

City Rockledge State FL Zip Code 32955

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

Name of Employer n/a 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
 06 / 20 / 2014

Transaction ID : C-1175-01hM03

Amount of Each Receipt this Period
 200.00

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

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

1450.00

**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 31 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jay F. Honeycutt

Mailing Address 3165 N. Atlantic Avenue, #1

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : C-1185-01Ga03

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John D. Howard

Mailing Address 1720 S. Shelter Trail

City Merritt Island State FL Zip Code 32952

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **592.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : C-1204-00H208

Amount of Each Receipt this Period
317.00

C. Full Name (Last, First, Middle Initial)
Pamela Kay Hughes

Mailing Address 3145 Ellis Drive

City Melbourne State FL Zip Code 32904

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

Name of Employer n/a 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
06 / 09 / 2014

Transaction ID : C-1220-01hP02

Amount of Each Receipt this Period
200.00

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

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

1517.00

**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 32 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Colleen Hunter

Mailing Address 321 Banyan Way

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer Browning's Pharmacy Occupation president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 03 / 2014

Transaction ID : C-1225-01mx01

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dennis E. Keith

Mailing Address 320 Tuscany Way, #303

City Melbourne State FL Zip Code 32940

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

Name of Employer Harris Corporation Occupation security

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C-1320-01r801

Amount of Each Receipt this Period
250.00

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

Mailing Address 1300 36th Street, #1A

City Vero Beach State FL Zip Code 32960

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

Name of Employer self-employed Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : C-1333-00Wx06

Amount of Each Receipt this Period
200.00

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

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

950.00

**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 33 OF 122 |
| | <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)
Friends of Bill Posey

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) Maxwell C. King | | Date of Receipt MM / DD / YYYY 06 / 09 / 2014 |
| Mailing Address 1384 Walton Health Court | | Transaction ID : C-1354-00CT0B |
| City Rockledge | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer n/a | Occupation retired | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 375.00 | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) John Kinney | | Date of Receipt MM / DD / YYYY 04 / 17 / 2014 |
| Mailing Address 583 Sioux Avenue | | Transaction ID : C-1356-01q101 |
| City Melbourne | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer n/a | Occupation student | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) Donna C. Kirschner | | Date of Receipt MM / DD / YYYY 04 / 18 / 2014 |
| Mailing Address 2113 Rockledge Drive | | Transaction ID : C-1361-00Ru03 |
| City Rockledge | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Engineering Specialty Products, Inc. | Occupation owner | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 725.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 34 OF 122 |
| | <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 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Kimberly Knazik

Mailing Address 112 St. Croix Avenue

City: Cocoa Beach State: FL Zip Code: 32931

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

Name of Employer: Ocean Riders Engineering, Inc. Occupation: president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3500.00

Date of Receipt: 05 / 08 / 2014

Transaction ID : C-1367-01qZ01

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 112 St. Croix Avenue

City: Cocoa Beach State: FL Zip Code: 32931

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

Name of Employer: Ocean Riders Engineering, Inc. Occupation: president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3500.00

Date of Receipt: 05 / 08 / 2014

Transaction ID : C-1368-01qZ02

Amount of Each Receipt this Period: 900.00

C. Full Name (Last, First, Middle Initial)
Robert J. Knazik

Mailing Address 112 St. Croix Avenue

City: Cocoa Beach State: FL Zip Code: 32931

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

Name of Employer: Ocean Riders Engineering, Inc. Occupation: systems engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 05 / 08 / 2014

Transaction ID : C-1372-01G605

Amount of Each Receipt this Period: 1700.00

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

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

5200.00

**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 35 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
James I. Knudson

Mailing Address 1275 Saint Andrews Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer Knudson & McGreal Occupation attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-1375-00FA08

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
John W. Koenig

Mailing Address 7920 Highway A1A

City State Zip Code
Melbourne Beach FL 32951

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

Name of Employer Harris Corporation Occupation vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : C-1376-01r201

Amount of Each Receipt this Period
500.00

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

Mailing Address 214 Lanternback Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Harris Corporation Occupation engineer

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
 05 / 22 / 2014

Transaction ID : C-1384-01qe01

Amount of Each Receipt this Period
250.00

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

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

1500.00

**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 36 OF 122 |
| | <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 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Johnnie B. Kump

Mailing Address 3635 Miriam Drive

City Titusville State FL Zip Code 32796

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

Name of Employer C & E Solutions, LLC Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : C-1403-00VQ04

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
James M. Kuzma

Mailing Address 1011 Minutemen Causeway

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer Space Florida Occupation c.o.o.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : C-1405-01ro01

Amount of Each Receipt this Period
250.00

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

Mailing Address 2532 Woodfield Circle

City West Melbourne State FL Zip Code 32904

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

Name of Employer Harris Corporation Occupation director/sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C-1416-01rf01

Amount of Each Receipt this Period
250.00

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

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

700.00

**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 37 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jennifer L. Larson

Mailing Address 847 Tonkawa Road

City State Zip Code
Orono MN 55356

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

Name of Employer Occupation
Vibrant Technologies owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : C-1423-01s101

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Donald E. Lees

Mailing Address 47 Marina Isles Blvd.

City State Zip Code
Indian Harbour Beach FL 32937

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

Name of Employer Occupation
self-employed real estate investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C-1440-006t06

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Bryan S. Lilley

Mailing Address P. O. Box 321330

City State Zip Code
Cocoa Beach FL 32932

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

Name of Employer Occupation
B. Lilley Productions owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-1468-00Vs08

Amount of Each Receipt this Period
250.00

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

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

2250.00

**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 38 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Allen L. Lindsay

Mailing Address 530 N. Riverside Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer Harris Corporation Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : C-1472-00IK03

Amount of Each Receipt this Period
 500.00

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

Mailing Address 675 Mission Bay Drive

City Satellite Beach State FL Zip Code 32937

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

Name of Employer Harris Corporation Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : C-1499-01rg01

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Miguel Lopez-Ben

Mailing Address 1 Pier Way Landing

City Westport State CT Zip Code 06880

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

Name of Employer Harris Corporation Occupation c.f.o.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : C-1508-01ri01

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

**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 39 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Mark F. Luttrell

Mailing Address 2482 Alanna Lane

City State Zip Code
Melbourne FL 32934

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

Name of Employer Occupation
Harris Corporation program manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : C-1525-01MP02

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Genevieve C. Mallon

Mailing Address 145 Riverway Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Island Pediatrics physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : C-1556-01aF02

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
William J. Mallon

Mailing Address 145 Riverway Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Center for Advanced Eye Care physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : C-1558-00X205

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 40 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Patricia A. Marks

Mailing Address 7905 S. Tropical Trail

City State Zip Code
Merritt Island FL 32952

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

Name of Employer Occupation
South Tropical Aviation, LLC managing member

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : C-1568-01q201

Amount of Each Receipt this Period
325.00

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

Mailing Address 1735 S. Shelter Trail

City State Zip Code
Merritt Island FL 32952

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

Name of Employer Occupation
n/a 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
 06 / 05 / 2014

Transaction ID : C-1570-00Xy03

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Carole J. McCoy

Mailing Address 113 Lansing Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
Riversoft, Inc. software engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-1625-012u04

Amount of Each Receipt this Period
500.00

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

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

1075.00

**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 41 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Hugh E. McCoy

Mailing Address 113 Lansing Island Drive

City Indian Harbour Beach State FL Zip Code 32937

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

Name of Employer RiverSoft Occupation software engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-1626-01rt01

Amount of Each Receipt this Period
500.00

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

Mailing Address 2560 Riverview Court

City Vero Beach State FL Zip Code 32963

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

Name of Employer Harris Corporation Occupation engineer

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
 05 / 28 / 2014

Transaction ID : C-1636-01qk01

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Annita L. Megregian

Mailing Address 4245 N. Courtenay Parkway, #C

City Merritt Island State FL Zip Code 32953

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

Name of Employer Martin A. Megregian, DDS, PA Occupation corporate secretary

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : C-1671-01ps01

Amount of Each Receipt this Period
300.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 42 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jeanna M. Merrifield

Mailing Address 1595 S. Carpenter Road

City Titusville State FL Zip Code 32796

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

Name of Employer Wild Ocean Seafood Market Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : C-1675-01YV03

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Beverly D. Merrilees

Mailing Address 1735 S. Shelter Trail

City Merritt Island State FL Zip Code 32952

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

Name of Employer n/a 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
 06 / 05 / 2014

Transaction ID : C-1677-005W0A

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Deborah M. Meyer

Mailing Address 6 Starfish Drive

City Vero Beach State FL Zip Code 32963

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

Name of Employer BPL Occupation sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : C-1683-01qb01

Amount of Each Receipt this Period
 500.00

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

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

1050.00

**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 43 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Scott T. Mikuen

Mailing Address 4301 Careywood Drive

| | | |
|-------------------|-------------|-------------------|
| City Melbourne | State FL | Zip Code 32934 |
|-------------------|-------------|-------------------|

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

| | |
|--|------------------------|
| Name of Employer Harris Corporation | Occupation attorney |
|--|------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : C-1689-01MB02

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Thomas M. Moeller

Mailing Address 281 S. Blue Wave Lane

| | | |
|--------------------|-------------|-------------------|
| City Vero Beach | State FL | Zip Code 32963 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation 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
 04 / 07 / 2014

Transaction ID : C-1712-01og01

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Evelyn F. Mohr

Mailing Address 3840 Hammock Road

| | | |
|--------------|-------------|-------------------|
| City Mims | State FL | Zip Code 32754 |
|--------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation retired |
|-------------------------|-----------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : C-1713-01Td02

Amount of Each Receipt this Period
2600.00

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

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

5100.00

**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 44 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Dave S. Netterstrom

Mailing Address 72 Country Club Road

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer self-employed Occupation investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : C-1794-01WC03

Amount of Each Receipt this Period
125.00

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

Mailing Address 6126 Anchor Lane

City Rockledge State FL Zip Code 32955

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

Name of Employer Harris Corporation Occupation vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : C-1806-01r401

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Henry S. Nizko

Mailing Address 657 Doral Lane

City Melbourne State FL Zip Code 32940

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : C-1814-008F0A

Amount of Each Receipt this Period
100.00

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

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

725.00

**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 45 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Brian Norder

Mailing Address 2292 Woodfield Circle

City State Zip Code
West Melbourne FL 32904

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

Name of Employer Occupation
Harris Corporation accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : C-1820-01qz01

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Carol R. Olaisen

Mailing Address 3906 Indian River Drive, E.

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Harris Corporation vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : C-1845-01MD02

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
W. Terry Patrick

Mailing Address 7 W. Sea Colony Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Friedman & Rummell Co., LPA attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : C-1898-01Xp03

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 46 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Eddy Pauley

Mailing Address P. O. Box 321316

City State Zip Code
Cocoa Beach FL 32932

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

Name of Employer Occupation
Pauley Management, Inc. govt. relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-1903-00P604

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lee M. Payne

Mailing Address 1295 Rockledge Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : C-1906-00C006

Amount of Each Receipt this Period
500.00

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

Mailing Address 603 Manatee Bay Drive

City State Zip Code
Cape Canaveral FL 32920

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

Name of Employer Occupation
GP Routers sales representative

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : C-1927-01q401

Amount of Each Receipt this Period
300.00

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

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

1300.00

**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 47 OF 122 |
| | <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 | |

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)
Friends of Bill Posey

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

Mailing Address 405 Sims Way

City Merritt Island State FL Zip Code 32952

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

Name of Employer self-employed Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : C-1952-01RU03

Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
Steven D. Podnos

Mailing Address 405 Sims Way

City Merritt Island State FL Zip Code 32952

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

Name of Employer WealthCare, LLC Occupation financial advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : C-1954-00060D

Amount of Each Receipt this Period
 600.00

C. Full Name (Last, First, Middle Initial)
Jack W. Proctor

Mailing Address 2125 MacFarland Drive

City Cocoa State FL Zip Code 32922

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

Name of Employer n/a 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
 06 / 09 / 2014

Transaction ID : C-1990-011r04

Amount of Each Receipt this Period
 200.00

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

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

1200.00

**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 48 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Peter T. Pruitt

Mailing Address 371 Llwyds Lane

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : C-1999-01jy02

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
George R. Puskar

Mailing Address 611 Rockledge Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
n/a 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
06 / 09 / 2014

Transaction ID : C-2009-00Tk04

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Jonathan H. Reed

Mailing Address 530 W. Pine Road

City State Zip Code
Melbourne FL 32904

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

Name of Employer Occupation
Harris Corporation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : C-2035-01rh01

Amount of Each Receipt this Period
500.00

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

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

850.00

**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 49 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Frances L. Richiuso

Mailing Address 630 Apache Trail

City Merritt Island State FL Zip Code 32953

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

Name of Employer Showcase Properties Occupation realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : C-2055-002j03

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Gary G. Runyan

Mailing Address 3960 S. Banana River Blvd.

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer self-employed Occupation accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-2108-00Cu05

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jerry H. Sansom

Mailing Address P. O. Box 98

City Cocoa State FL Zip Code 32923

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

Name of Employer self-employed Occupation govt. relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-2132-000L07

Amount of Each Receipt this Period
250.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 50 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Patrick A. Seamon

Mailing Address 206 Brightwater Drive, S.E.

City State Zip Code
Palm Bay FL 32909

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

Name of Employer Occupation
Harris Corporation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C-2187-01r601

Amount of Each Receipt this Period
500.00

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

Mailing Address 1271 99th Street

City State Zip Code
Bay Harbor Islands FL 33154

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

Name of Employer Occupation
JPay, Inc. chief executive officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 05 / 2014

Transaction ID : C-2209-01oG01

Amount of Each Receipt this Period
1800.00

C. Full Name (Last, First, Middle Initial)
Wayne B. Shepherd

Mailing Address 1411 Rockledge Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : C-2221-00kl06

Amount of Each Receipt this Period
200.00

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

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

2500.00

**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 51 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Donald L. Simms

Mailing Address 2825 Business Center

City Melbourne State FL Zip Code 32940

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

Name of Employer Falcon Realty & Development Occupation real estate developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : C-2242-00MD03

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Bernard W. Simpkins

Mailing Address 400 High Point Drive, #500

City Cocoa State FL Zip Code 32926

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

Name of Employer n/a 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
 05 / 27 / 2014

Transaction ID : C-2244-00160G

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Bernard W. Simpkins

Mailing Address 400 High Point Drive, #500

City Cocoa State FL Zip Code 32926

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

Name of Employer n/a 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
 05 / 27 / 2014

Transaction ID : C-2245-00160H

Amount of Each Receipt this Period
 2500.00

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

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

2900.00

**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 52 OF 122 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Natasha C. Spencer

Mailing Address 890 Spanish Wells Drive

City Melbourne State FL Zip Code 32940

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

Name of Employer Shelter Mortgage Co. Occupation banking executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : C-2315-01W202

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jane G. Stimson

Mailing Address 29 Sutton Street

City Rockledge State FL Zip Code 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2014

Transaction ID : C-2361-00AE07

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Carmen N. Stork

Mailing Address 2900 59th Avenue

City Vero Beach State FL Zip Code 32966

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

Name of Employer n/a Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : C-2375-01SN06

Amount of Each Receipt this Period
2600.00

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

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

3200.00

**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 53 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert W. Stork

Mailing Address 2900 59th Avenue

City: Vero Beach State: FL Zip Code: 32966

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

Name of Employer: RC Stork Properties, LLC Occupation: partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : C-2377-01L505

Amount of Each Receipt this Period: 2600.00

B. Full Name (Last, First, Middle Initial)
Jack A. Sturgis

Mailing Address 995 33rd Avenue

City: Vero Beach State: FL Zip Code: 32960

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

Name of Employer: Sturgis Lumber Occupation: lumber dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 06 / 09 / 2014

Transaction ID : C-2392-005h03

Amount of Each Receipt this Period: 300.00

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

Mailing Address 322 Lanternback Island Drive

City: Satellite Beach State: FL Zip Code: 32937

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

Name of Employer: Harris Corporation Occupation: vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 22 / 2014

Transaction ID : C-2427-01qd01

Amount of Each Receipt this Period: 500.00

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

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

3400.00

**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 54 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Janice B. Teal

Mailing Address 1677 Independence Avenue

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : C-2434-00ry05

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Linda L. Teetz

Mailing Address 1280 Olde Doubloon Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C-2437-00BF0E

Amount of Each Receipt this Period
600.00

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

Mailing Address 1280 Olde Doubloon Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C-2438-01J602

Amount of Each Receipt this Period
400.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 55 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Bud Tetrick

Mailing Address 61 Country Club Road

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Occupation
Yacht Ventures, LLC manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-2449-01bx02

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Bernard G. Tohl

Mailing Address 2514 Apollo Drive

City State Zip Code
Los Angeles CA 90046

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

Name of Employer Occupation
Tohl Enterprises owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C-2470-00pR06

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Bernard G. Tohl

Mailing Address 2514 Apollo Drive

City State Zip Code
Los Angeles CA 90046

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

Name of Employer Occupation
Tohl Enterprises owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C-2471-00pR07

Amount of Each Receipt this Period
2400.00

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

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

2700.00

**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 56 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
William R. Tolley

Mailing Address 4250 Pinewood Road

| | | |
|-------------------|-------------|-------------------|
| City Melbourne | State FL | Zip Code 32934 |
|-------------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation retired |
|-------------------------|-----------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : C-2474-00Gu03

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Nicholas F. Tsamoutales

Mailing Address 120 Malabar Road, S.E.

| | | |
|------------------|-------------|-------------------|
| City Palm Bay | State FL | Zip Code 32907 |
|------------------|-------------|-------------------|

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

| | |
|--------------------------------------|------------------------|
| Name of Employer City of Palm Bay | Occupation attorney |
|--------------------------------------|------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : C-2496-01PO02

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Robert M. Utsey

Mailing Address 150 Laurel Oak Drive

| | | |
|------------------|-------------|-------------------|
| City Longwood | State FL | Zip Code 32779 |
|------------------|-------------|-------------------|

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

| | |
|---------------------------------|------------------------------|
| Name of Employer Skanska USA | Occupation vice-president |
|---------------------------------|------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : C-2508-01tQ01

Amount of Each Receipt this Period

250.00

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

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

1750.00

**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 57 OF 122 |
| | <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 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Ivan B. Walker

Mailing Address 1881 Rockledge Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 09 / 2014

Transaction ID : C-2558-00lf05

Amount of Each Receipt this Period
100.00

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

Mailing Address 4811 Solitary Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
Harris Corporation vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : C-2606-01qw01

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Eli E. White

Mailing Address 724 Nicklaus Drive

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
self-employed dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 17 / 2014

Transaction ID : C-2623-00F70G

Amount of Each Receipt this Period
150.00

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

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

750.00

**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 58 OF 122 |
| | <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 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Donald E. Wolfe

Mailing Address 779 Autumn Glen Drive

City Melbourne State FL Zip Code 32940

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

Name of Employer Harris Corporation Occupation director/engineering

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
 06 / 03 / 2014

Transaction ID : C-2664-01rj01

Amount of Each Receipt this Period
250.00

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

Mailing Address 104 Blue Heron Way

City Sebastian State FL Zip Code 32958

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

Name of Employer Harris Corporation Occupation vice-president

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
 06 / 03 / 2014

Transaction ID : C-2705-00lz03

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Edward J. Zoiss

Mailing Address 939 Loggerhead Island Drive

City Satellite Beach State FL Zip Code 32937

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

Name of Employer Harris Corporation Occupation vice-president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : C-2710-01Lo02

Amount of Each Receipt this Period
1000.00

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

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

1500.00

101692.00

**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 59 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
AFLAC Incorporated PAC

Mailing Address 1932 Wynnton Road

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : C-2-00KE0A

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
Aircraft Owners & Pilots Association PAC

Mailing Address 421 Aviation Way

City Frederick State MD Zip Code 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : C-31-00SI09

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Akerman LLP PAC

Mailing Address 495 N. Keller Road, #300

City Maitland State FL Zip Code 32751

FEC ID number of contributing federal political committee. **C** C00280008

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : C-33-005T0A

Amount of Each Receipt this Period
1000.00

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

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

5000.00

**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 60 OF 122 |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Amer. Academy of Dermatology Assoc. PAC

Mailing Address 1445 New York Avenue, N.W., #800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : C-53-01ZF06

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
American Association for Justice PAC

Mailing Address 777 6th Street, N.W., #200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : C-56-00KW09

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 1111 14th Street, N.W., #1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : C-67-00MM08

Amount of Each Receipt this Period
1500.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3500.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 61 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
American Principles PAC

Mailing Address 20533 Biscayne Blvd., #250

City Miami State FL Zip Code 33180

FEC ID number of contributing federal political committee. **C** C00492579

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : C-72-01pz01

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
American Society of Anesthesiologists PAC

Mailing Address 520 N. Northwest Highway

City Park Ridge State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : C-74-00AQ0C

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Assurant, Inc. PAC

Mailing Address 501 W. Michigan Street

City Milwaukee State WI Zip Code 53203

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : C-110-01Lf04

Amount of Each Receipt this Period
1000.00

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

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

4000.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 62 OF 122

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Blue Origin LLC PAC

Mailing Address 21218 76th Avenue, S.

City State Zip Code
 Kent WA 98032

FEC ID number of contributing federal political committee. **C C00557793**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : C-269-01tA01

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
The Boeing Company PAC

Mailing Address 1200 Wilson Blvd.

City State Zip Code
 Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : C-275-00Uv08

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Branch Bank & Trust PAC

Mailing Address 150 S. Stratford Road, #401

City State Zip Code
 Winston Salem NC 27104

FEC ID number of contributing federal political committee. **C C00075291**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : C-314-00q106

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 63 OF 122
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Brunswick Good Government Fund

Mailing Address 1 N. Field Court

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C C00110262**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : C-377-01py01

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Build PAC of Natl. Assn. of Home Builders

Mailing Address 1201 15th Street, N.W.

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : C-395-00IU09

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
CULAC the PAC of Credit Union Natl. Assn.

Mailing Address 601 Pennsylvania Ave., N.W., #600

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : C-425-00lp0N

Amount of Each Receipt this Period
2000.00

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

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

8000.00

**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 64 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
CULAC the PAC of Credit Union Natl. Assn.

Mailing Address 601 Pennsylvania Ave., N.W., #600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : C-426-00lp00

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Comcast Corporation & NBCUniversal PAC

Mailing Address 1701 J.F.K. Blvd., 49th Floor

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : C-548-00XB09

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Commonwealth-Altadis, Inc. Employee PAC

Mailing Address 5900 N. Andrews Avenue, #1100

City Fort Lauderdale State FL Zip Code 33309

FEC ID number of contributing federal political committee. **C** C00455600

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : C-551-01cK02

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 65 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Compass BancShares, Inc. PAC

Mailing Address P. O. Box 10566

City Birmingham State AL Zip Code 35296

FEC ID number of contributing federal political committee. **C** C00142596

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : C-554-01LY05

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Council of Insurance Agents & Brokers PAC

Mailing Address 701 Pennsylvania Avenue, N.W., #75

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : C-589-00XC08

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Distilled Spirits Council of the U.S. PAC

Mailing Address 1250 Eye Street, N.W., #400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
371.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : C-729-01bt02

Amount of Each Receipt this Period
142.20

* In-Kind-> beverages

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

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

2142.20

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

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Ernst & Young PAC

Mailing Address 1101 New York Avenue, N.W.

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : C-823-00iN0D

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Financial Services Roundtable PAC

Mailing Address 1001 Pennsylvania Ave., N.W., #500

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00193177**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2014

Transaction ID : C-867-00Ye03

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Government is not God PAC

Mailing Address P. O. Box 77237

City Washington State DC Zip Code 20013

FEC ID number of contributing federal political committee. **C C00297531**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : C-1008-01aK02

Amount of Each Receipt this Period
500.00

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

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

4000.00

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

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
GrayRobinson, P.A. PAC

Mailing Address 301 E. Pine Street, #1400

City Orlando State FL Zip Code 32801

FEC ID number of contributing federal political committee. **C C00224790**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : C-1020-00HX09

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Ind. Ins. Agents & Brokers of America PAC

Mailing Address 20 F Street, N.W., #610

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C-1236-004z0C

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
JM Family Enterprises, Inc. PAC

Mailing Address 100 Jim Moran Blvd.

City Deerfield Beach State FL Zip Code 33442

FEC ID number of contributing federal political committee. **C C00240911**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C-1254-00JU09

Amount of Each Receipt this Period
1000.00

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

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

4500.00

**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 68 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Nat. Assoc. of Mutual Ins. Companies PAC

Mailing Address P. O. Box 68700

City Indianapolis State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : C-1771-00Me04

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Nat. Assoc. of Mutual Ins. Companies PAC

Mailing Address P. O. Box 68700

City Indianapolis State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : C-1772-00Me05

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Natl. Assn. of Ins. & Fin. Advisors PAC

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : C-1774-00SG0C

Amount of Each Receipt this Period
 2500.00

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

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

4500.00

**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 69 OF 122 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| | | | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
National Association of Mortgage Brokers

Mailing Address 2701 W. 15th Street, #536

| | | |
|---------------|-------------|-------------------|
| City Plano | State TX | Zip Code 75075 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00254201

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : C-1775-01Rm02

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
National Multi Housing Council PAC

Mailing Address 1850 M Street, N.W., #540

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20036 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00130773

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : C-1779-00VT05

Amount of Each Receipt this Period
 _____ 2000.00

C. Full Name (Last, First, Middle Initial)
Property Casualty Insurers Assn. PAC

Mailing Address 8700 W. Bryn Mawr Avenue, #1200S

| | | |
|-----------------|-------------|-------------------|
| City Chicago | State IL | Zip Code 60631 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00066472

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : C-1994-00XE0D

Amount of Each Receipt this Period
 _____ 2000.00

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

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

_____ 5000.00

**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 70 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Property Casualty Insurers Assn. PAC

Mailing Address 8700 W. Bryn Mawr Avenue, #1200S

| | | |
|-----------------|-------------|-------------------|
| City Chicago | State IL | Zip Code 60631 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00066472

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : C-1995-00XE0E

Amount of Each Receipt this Period
500.00

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

Mailing Address P. O. Box 15441

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20003 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00507053

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : C-2005-01X90A

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Raytheon Company PAC

Mailing Address 1100 Wilson Blvd., #1500

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00097568

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : C-2031-00i00E

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 71 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Rockwell Collins, Inc. Employee PAC

Mailing Address 1300 Wilson Blvd., #200

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C-2081-00Us0G

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Securities Ind. & Fin. Markets Assn. PAC

Mailing Address 1101 New York Avenue, N.W., #800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : C-2193-01FE0A

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SunTrust Bank Good Govt. Group Florida

Mailing Address 215 S. Monroe Street, #125

City State Zip Code
Tallahassee FL 32301

FEC ID number of contributing federal political committee. **C** C00111567

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : C-2398-00AP08

Amount of Each Receipt this Period
2000.00

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

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

4000.00

**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 72 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Wells Fargo & Company Employee PAC

Mailing Address 6th and Marquette, #N9305-084

City Minneapolis State MN Zip Code 55479

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : C-2604-01GR04

Amount of Each Receipt this Period
 2000.00

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).....

2000.00

55142.20

**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 73 OF 122 |
| | <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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Brevard County SOE

Mailing Address P. O. Box 410819

City Melbourne State FL Zip Code 32941

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **70.41**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : C-326-006z03

Amount of Each Receipt this Period
0.91
 petition verif. refund

B. Full Name (Last, First, Middle Initial)
Indian River County SOE

Mailing Address 4375 43rd Avenue

City Vero Beach State FL Zip Code 32967

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **79.40**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : C-1237-006y01

Amount of Each Receipt this Period
79.40
 petition verif. refund

C. Full Name (Last, First, Middle Initial)
Wendy M. Spencer

Mailing Address 2501 Double Eagle Court

City Tallahassee State FL Zip Code 32312

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

Name of Employer Occupation
 Volunteer Florida director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : C-2317-00Vt02

Amount of Each Receipt this Period
250.00
 refund luncheon ticket

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

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

330.31

330.31

**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 74 OF 122 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **444.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : C-171-004y0w

Amount of Each Receipt this Period
27.37

B. Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **444.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : C-172-004y0x

Amount of Each Receipt this Period
28.74

C. Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **444.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : C-173-004y0y

Amount of Each Receipt this Period
38.90

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

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

95.01

95.01

**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 75 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address P. O. Box 6463 | | Amount of Each Disbursement this Period 673.43 Transaction ID : D41-00Hr1B |
| City Carol Stream | State IL | |
| Zip Code 60197 | Purpose of Disbursement telephone | 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. Baymeadows Commercial, LLC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014 |
| Mailing Address 1694-B W. Hibiscus Blvd. | | Amount of Each Disbursement this Period 998.52 Transaction ID : D73-01TQ08 |
| City Melbourne | State FL | |
| Zip Code 32901 | Purpose of Disbursement office rent | 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) c. Berry Signs, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 1740 S. Huntington Lane | | Amount of Each Disbursement this Period 53.00 Transaction ID : D76-000F01 |
| City Rockledge | State FL | |
| Zip Code 32955 | Purpose of Disbursement campaign magnets | 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)..... | 1724.95 |
| 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 76 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Brevard County Republican Exec. Comm. | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address P. O. Box 410153 | | Amount of Each Disbursement this Period 900.00 Transaction ID : D93-00Nv09 |
| City Melbourne | State FL | |
| Zip Code 32941 | Purpose of Disbursement dinner tickets | 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. Brevard County Republican Exec. Comm. | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 |
| Mailing Address P. O. Box 410153 | | Amount of Each Disbursement this Period 300.00 Transaction ID : D94-00Nv0A |
| City Melbourne | State FL | |
| Zip Code 32941 | Purpose of Disbursement candidate booth | 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) C. Brevard Tea Party | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address 1345 Bonaventure Drive | | Amount of Each Disbursement this Period 250.00 Transaction ID : D99-01qM01 |
| City Melbourne | State FL | |
| Zip Code 32940 | Purpose of Disbursement candidate booth | 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)..... | 1450.00 |
| 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 77 OF 122 | |
| | <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)
Friends of Bill Posey

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 | |
| Mailing Address 300 First Street, S.E. | | | Amount of Each Disbursement this Period 350.10 | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : D151-00WL1R | |
| Purpose of Disbursement meals/dues | | 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. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 | |
| Mailing Address 300 First Street, S.E. | | | Amount of Each Disbursement this Period 46.99 | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : D152-00WL1S | |
| Purpose of Disbursement food & beverage | | 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) c. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 | |
| Mailing Address 300 First Street, S.E. | | | Amount of Each Disbursement this Period 67.50 | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : D153-00WL1T | |
| Purpose of Disbursement membership dues | | 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)..... | 464.59 |
| 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 78 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014 |
| Mailing Address 300 First Street, S.E. | | | Amount of Each Disbursement this Period 599.73 Transaction ID : D154-00WL1U |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Disbursement food & beverage | | 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. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014 |
| Mailing Address 300 First Street, S.E. | | | Amount of Each Disbursement this Period 533.11 Transaction ID : D155-00WL1V |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Disbursement food & beverage | | 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. Card Services | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014 |
| Mailing Address P. O. Box 13337 | | | Amount of Each Disbursement this Period 992.00 Transaction ID : D157-01qf01 |
| City Philadelphia | State PA | Zip Code 19110 | |
| Purpose of Disbursement see memo entries | | 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: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2124.84 |
| 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 79 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 246.00 |
| City Pittsburgh | State PA | Zip Code 15220 |
| Purpose of Disbursement transportation | Category/ Type | |
| Candidate Name | Transaction ID : D2-00Kv3z | |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 125.00 |
| City Pittsburgh | State PA | Zip Code 15220 |
| Purpose of Disbursement transportation | Category/ Type | |
| Candidate Name | Transaction ID : D3-00Kv40 | |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 298.00 |
| City Pittsburgh | State PA | Zip Code 15220 |
| Purpose of Disbursement transportation | Category/ Type | |
| Candidate Name | Transaction ID : D4-00Kv41 | |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 80 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 114.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D5-00Kv42 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 185.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D6-00Kv43 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Card Services | | Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014 |
| Mailing Address P. O. Box 13337 | | Amount of Each Disbursement this Period 767.00 |
| City Philadelphia | State PA | |
| Zip Code 19110 | Purpose of Disbursement see memo entries | Transaction ID : D158-01qf02 |
| 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 767.00 |
| 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 81 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 130.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D1-00Kv44 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 254.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D2-00Kv45 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 119.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D3-00Kv46 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 82 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 264.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D4-00Kv47 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Credit Union House | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014 |
| Mailing Address 403 C Streetl, N.E. | | Amount of Each Disbursement this Period 400.00 |
| City Washington | State DC | |
| Zip Code 20002 | Purpose of Disbursement facility rental | Transaction ID : D212-01CM02 |
| 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. Data Targeting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address 6211 N.W. 132nd Street | | Amount of Each Disbursement this Period 2480.87 |
| City Gainesville | State FL | |
| Zip Code 32653 | Purpose of Disbursement direct mail services | Transaction ID : D238-00GI16 |
| 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: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2880.87 |
| 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 83 OF 122 | | |
| | <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)
Friends of Bill Posey

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Data Targeting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address 6211 N.W. 132nd Street | | Amount of Each Disbursement this Period 9563.14 Transaction ID : D239-00GI17 |
| City Gainesville | State FL | |
| Zip Code 32653 | Purpose of Disbursement direct mail services | 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. Data Targeting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014 |
| Mailing Address 6211 N.W. 132nd Street | | Amount of Each Disbursement this Period 15998.19 Transaction ID : D240-00GI18 |
| City Gainesville | State FL | |
| Zip Code 32653 | Purpose of Disbursement survey | 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) c. Data Targeting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014 |
| Mailing Address 6211 N.W. 132nd Street | | Amount of Each Disbursement this Period 3212.44 Transaction ID : D241-00GI19 |
| City Gainesville | State FL | |
| Zip Code 32653 | Purpose of Disbursement direct mail services | 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: | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 28773.77 |
| 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 84 OF 122 | | |
| | <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)
Friends of Bill Posey

A. Data Targeting, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 6211 N.W. 132nd Street

City Gainesville State FL Zip Code 32653

Purpose of Disbursement direct mail services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 3214.89

Transaction ID : D242-00G11A

B. Distilled Spirits Council of the U.S. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1250 Eye Street, N.W., #400

City Washington State DC Zip Code 20005

Purpose of Disbursement * In-Kind->beverages

Candidate Name Distilled Spirits Council of the U.S. PAC

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 142.20

Transaction ID : D246-01bt02

c. J. W. Edens & Company

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 278

City Titusville State FL Zip Code 32781

Purpose of Disbursement insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 14 / 2014

Amount of Each Disbursement this Period: 303.46

Transaction ID : D261-01S502

SUBTOTAL of Disbursements This Page (optional) 3660.55

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 85 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | | | | |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. Electoral Strategies, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 | | |
| Mailing Address 2121 N.E. 211th Street | | | Amount of Each Disbursement this Period 2085.00 | | |
| City Miami | State FL | Zip Code 33179 | Transaction ID : D262-01qQ01 | | |
| Purpose of Disbursement fundraising consulting | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | 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. Florida U.C. Fund | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 | | |
| Mailing Address 5050 W. Tennessee Street | | | Amount of Each Disbursement this Period 49.95 | | |
| City Tallahassee | State FL | Zip Code 32399 | Transaction ID : D290-00GK0L | | |
| Purpose of Disbursement payroll taxes | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | 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. Amber Steigerwald Frisco | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014 | | |
| Mailing Address 3161 Brentwood Lane | | | Amount of Each Disbursement this Period 2630.67 | | |
| City Melbourne | State FL | Zip Code 32934 | Transaction ID : D311-01I80i | | |
| Purpose of Disbursement salary | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4765.62 |
| 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 86 OF 122 | | |
| | <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)
Friends of Bill Posey

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Amber Steigerwald Frisco | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 3161 Brentwood Lane | | Amount of Each Disbursement this Period 2630.67 Transaction ID : D312-01I80j |
| City Melbourne | State FL | |
| Zip Code 32934 | Purpose of Disbursement 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. Amber Steigerwald Frisco | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address 3161 Brentwood Lane | | Amount of Each Disbursement this Period 2630.67 Transaction ID : D313-01I80k |
| City Melbourne | State FL | |
| Zip Code 32934 | Purpose of Disbursement 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) c. Patrick Gavin | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address 3210 Parkplace Court | | Amount of Each Disbursement this Period 600.43 Transaction ID : D341-00GJ0q |
| City Melbourne | State FL | |
| Zip Code 32934 | Purpose of Disbursement see memo entries | 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: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5861.77 |
| 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 87 OF 122 | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Patrick Gavin | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address 3210 Parkplace Court | | Amount of Each Disbursement this Period 548.43 |
| City Melbourne | State FL | |
| Zip Code 32934 | Purpose of Disbursement mileage | Transaction ID : D1-00GJ0r |
| 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) | [MEMO ITEM] Memo |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Patrick Gavin | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014 |
| Mailing Address 3210 Parkplace Court | | Amount of Each Disbursement this Period 461.75 |
| City Melbourne | State FL | |
| Zip Code 32934 | Purpose of Disbursement salary | Transaction ID : D343-00GJ0s |
| 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. Patrick Gavin | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 3210 Parkplace Court | | Amount of Each Disbursement this Period 461.75 |
| City Melbourne | State FL | |
| Zip Code 32934 | Purpose of Disbursement salary | Transaction ID : D344-00GJ0t |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 923.50 |
| 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 88 OF 122 | | |
| | <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)
Friends of Bill Posey

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Patrick Gavin | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address 3210 Parkplace Court | | Amount of Each Disbursement this Period 461.75 Transaction ID : D345-00GJ0u |
| City Melbourne | State FL | |
| Zip Code 32934 | Purpose of Disbursement 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. Hammond & Associates | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address 200 Park Avenue, #306 | | Amount of Each Disbursement this Period 2125.00 Transaction ID : D385-00Hh2I |
| City Falls Church | State VA | |
| Zip Code 22046 | Purpose of Disbursement fundraising consulting | 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) c. Hammond & Associates | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address 200 Park Avenue, #306 | | Amount of Each Disbursement this Period 10.00 Transaction ID : D386-00Hh2J |
| City Falls Church | State VA | |
| Zip Code 22046 | Purpose of Disbursement parking | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2596.75 |
| 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 89 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. Hammond & Associates | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014 |
| Mailing Address 200 Park Avenue, #306 | | | Amount of Each Disbursement this Period 38.00 Transaction ID : D387-00Hh2K |
| City Falls Church | State VA | Zip Code 22046 | |
| Purpose of Disbursement parking/name tags | | 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. Hammond & Associates | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014 |
| Mailing Address 200 Park Avenue, #306 | | | Amount of Each Disbursement this Period 2125.00 Transaction ID : D388-00Hh2L |
| City Falls Church | State VA | Zip Code 22046 | |
| Purpose of Disbursement fundraising consulting | | 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: | | | |

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|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) c. Hannibal Software, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014 |
| Mailing Address 611 Pennsylvania Ave., S.E., #345 | | | Amount of Each Disbursement this Period 1000.00 Transaction ID : D392-00OI06 |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Disbursement software | | 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)..... | 3163.00 |
| 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 90 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Innovative Images | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address 1124 Woodsmere Parkway | | Amount of Each Disbursement this Period 1272.00 |
| City Rockledge | State FL | |
| Zip Code 32955 | Purpose of Disbursement campaign t-shirts | Transaction ID : D440-00L70D |
| 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. Mail Stop & More | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address 6300 N. Wickham Road, #130 | | Amount of Each Disbursement this Period 87.78 |
| City Melbourne | State FL | |
| Zip Code 32940 | Purpose of Disbursement delivery | Transaction ID : D478-01Kh0r |
| 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. Mail Stop & More | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 6300 N. Wickham Road, #130 | | Amount of Each Disbursement this Period 219.78 |
| City Melbourne | State FL | |
| Zip Code 32940 | Purpose of Disbursement delivery | Transaction ID : D479-01Kh0s |
| 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: | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1579.56 |
| 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 91 OF 122 | |
| | <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)
Friends of Bill Posey

| | | | |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) A. National Kidney Foundation of Florida | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014 |
| Mailing Address 1040 Woodcock Road, #119 | | | Amount of Each Disbursement this Period 1000.00 |
| City Orlando | State FL | Zip Code 32803 | |
| Purpose of Disbursement event sponsorship | | Category/ Type | Transaction ID : D513-01WT02 |
| 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. Corey Noble | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014 |
| Mailing Address 1290 Marquise Court | | | Amount of Each Disbursement this Period 250.00 |
| City Rockledge | State FL | Zip Code 32955 | |
| Purpose of Disbursement petition gathering | | Category/ Type | Transaction ID : D518-01t701 |
| 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) C. Bill Posey | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014 |
| Mailing Address P. O. Box 360877 | | | Amount of Each Disbursement this Period 1015.28 |
| City Melbourne | State FL | Zip Code 32936 | |
| Purpose of Disbursement see memo entries | | Category/ Type | Transaction ID : D598-00011k |
| 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) | 2265.28 |
| 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 92 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | | | | |
|---|--|---------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Harvey's Grove | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 | | |
| Mailing Address 3700 S. U.S. Highway 1 | | | Amount of Each Disbursement this Period 11.95 | | |
| City Rockledge | State FL | Zip Code 32955 | Transaction ID : D2-01GK0D | | |
| Purpose of Disbursement food & beverage | | Category/ Type | | | |
| Candidate Name | | [MEMO ITEM] Credit Card Item | | | |
| 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. Bill Posey | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014 | | |
| Mailing Address P. O. Box 360877 | | | Amount of Each Disbursement this Period 25.20 | | |
| City Melbourne | State FL | Zip Code 32936 | Transaction ID : D5-00011I | | |
| Purpose of Disbursement mileage | | Category/ Type | | | |
| Candidate Name | | [MEMO ITEM] See memo entries | | | |
| 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. Republican Women of Indian River | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 | | |
| Mailing Address P. O. Box 5006 | | | Amount of Each Disbursement this Period 20.00 | | |
| City Vero Beach | State FL | Zip Code 32961 | Transaction ID : D6-01Xb05 | | |
| Purpose of Disbursement luncheon ticket | | Category/ Type | | | |
| Candidate Name | | [MEMO ITEM] Credit Card Item | | | |
| 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: | | | | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 93 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 2.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement travel | Transaction ID : D9-00Kv3v |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 122.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D10-00Kv3w |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 391.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D11-00Kv3x |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 94 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address 7 Park Center | | Amount of Each Disbursement this Period 340.00 |
| City Pittsburgh | State PA | |
| Zip Code 15220 | Purpose of Disbursement transportation | Transaction ID : D12-00Kv3y |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Bill Posey | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014 |
| Mailing Address P. O. Box 360877 | | Amount of Each Disbursement this Period 104.32 |
| City Melbourne | State FL | |
| Zip Code 32936 | Purpose of Disbursement mileage/luncheon tickets | Transaction ID : D600-00011m |
| 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. Republican Congressional Spouses | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 2336 S. Queen Street | | Amount of Each Disbursement this Period 25.00 |
| City Arlington | State VA | |
| Zip Code 22202 | Purpose of Disbursement luncheon ticket | Transaction ID : D632-00Y00Z |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 129.32 |
| 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 95 OF 122 | | |
| | <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)
Friends of Bill Posey

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Republican Congressional Spouses | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 2336 S. Queen Street | | Amount of Each Disbursement this Period 510.00 Transaction ID : D633-00Y00a |
| City Arlington | State VA | |
| Zip Code 22202 | Purpose of Disbursement luncheon ticket | 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. Republican Women of Indian River | | Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014 |
| Mailing Address P. O. Box 5006 | | Amount of Each Disbursement this Period 425.00 Transaction ID : D638-01Xb06 |
| City Vero Beach | State FL | |
| Zip Code 32961 | Purpose of Disbursement event sponsorship | 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) C. Republican Women's Federal Forum | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address P. O. Box 3571 | | Amount of Each Disbursement this Period 60.00 Transaction ID : D649-00Yi00 |
| City Merrifield | State VA | |
| Zip Code 22116 | Purpose of Disbursement membership dues | 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)..... | 510.00 |
| 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 96 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Republican Women's Federal Forum | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address P. O. Box 3571 | | Amount of Each Disbursement this Period 30.00 |
| City Merrifield | State VA | |
| Zip Code 22116 | Purpose of Disbursement luncheon ticket | Transaction ID : D650-00Yi0P |
| 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. Republican Women's Federal Forum | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address P. O. Box 3571 | | Amount of Each Disbursement this Period 30.00 |
| City Merrifield | State VA | |
| Zip Code 22116 | Purpose of Disbursement luncheon ticket | Transaction ID : D651-00Yi0Q |
| 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. Rockledge Self Storage, LLC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 1759 Huntington Lane | | Amount of Each Disbursement this Period 2147.64 |
| City Rockledge | State FL | |
| Zip Code 32955 | Purpose of Disbursement storage | Transaction ID : D661-01GS05 |
| 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: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2207.64 |
| 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 97 OF 122 | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 680 N. Apollo Blvd. | | Amount of Each Disbursement this Period 92.00 |
| City Melbourne | State FL | |
| Zip Code 32935 | Purpose of Disbursement p.o. box renewal | Transaction ID : D823-004L5o |
| 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. United States Treasury | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014 |
| Mailing Address P. O. Box 105083 | | Amount of Each Disbursement this Period 854.75 |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement payroll taxes | Transaction ID : D964-00Uq0s |
| 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. United States Treasury | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address P. O. Box 105083 | | Amount of Each Disbursement this Period 854.75 |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement payroll taxes | Transaction ID : D965-00Uq0t |
| 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: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1801.50 |
| 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 98 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. United States Treasury | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address P. O. Box 105083 | | Amount of Each Disbursement this Period 854.75 Transaction ID : D966-00Uq0u |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement payroll taxes | 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. Visa | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 814.23 Transaction ID : D1051-00HS41 |
| City Tampa | State FL | |
| Zip Code 33630 | Purpose of Disbursement see memo entries | 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) C. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013 |
| Mailing Address P. O. Box 105262 | | Amount of Each Disbursement this Period -353.98 Transaction ID : D1-00AS1c |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement refund-telephone | 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)..... | 1668.98 |
| 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 99 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. GFS Marketplace | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014 |
| Mailing Address 2655 W. New Haven Avenue | | Amount of Each Disbursement this Period 267.99 |
| City Melbourne | State FL Zip Code 32904 | |
| Purpose of Disbursement food & beverage | Candidate Name | Transaction ID : D3-01ph01 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] Credit Card Item |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 37.09 |
| City Boca Raton | State FL Zip Code 33496 | |
| Purpose of Disbursement office supplies | Candidate Name | Transaction ID : D4-00lw1Y |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] Credit Card Item |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 213.00 |
| City Boca Raton | State FL Zip Code 33496 | |
| Purpose of Disbursement office supplies | Candidate Name | Transaction ID : D5-00lw1Z |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] Credit Card Item |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 100 OF 122 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
Friends of Bill Posey

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement MM / DD / YYYY 02 / 25 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 45.57 |
| City Boca Raton | State FL | |
| Zip Code 33496 | Purpose of Disbursement office supplies | Transaction ID : D6-00lw1a |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Date of Disbursement MM / DD / YYYY 03 / 07 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 13.34 |
| City Boca Raton | State FL | |
| Zip Code 33496 | Purpose of Disbursement office supplies | Transaction ID : D7-00lw1b |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Office Depot | | Date of Disbursement MM / DD / YYYY 03 / 12 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 5.29 |
| City Boca Raton | State FL | |
| Zip Code 33496 | Purpose of Disbursement office supplies | Transaction ID : D8-00lw1c |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 101 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 10.59 |
| City Boca Raton | State FL | |
| Zip Code 33496 | Purpose of Disbursement office supplies | [MEMO ITEM] Credit Card Item |
| 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. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 680 N. Apollo Blvd. | | Amount of Each Disbursement this Period 149.32 |
| City Melbourne | State FL | |
| Zip Code 32935 | Purpose of Disbursement postage | [MEMO ITEM] Credit Card Item |
| 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. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014 |
| Mailing Address 680 N. Apollo Blvd. | | Amount of Each Disbursement this Period 140.18 |
| City Melbourne | State FL | |
| Zip Code 32935 | Purpose of Disbursement postage | [MEMO ITEM] Credit Card Item |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 102 OF 122 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014 |
| Mailing Address 680 N. Apollo Blvd. | | Amount of Each Disbursement this Period 12.35 |
| City Melbourne | State FL | |
| Zip Code 32935 | Purpose of Disbursement postage | [MEMO ITEM] Credit Card Item |
| 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. Wal-Mart Stores, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014 |
| Mailing Address 702 S.W. 8th Street | | Amount of Each Disbursement this Period 77.07 |
| City Bentonville | State AR | |
| Zip Code 72716 | Purpose of Disbursement office supplies | [MEMO ITEM] Credit Card Item |
| 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. Visa | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 34.38 |
| City Tampa | State FL | |
| Zip Code 33630 | Purpose of Disbursement no itemization required | |
| 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: | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 34.38 |
| 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 103 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Visa | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 929.84 |
| City Tampa | State FL | |
| Zip Code 33630 | Purpose of Disbursement see memo entries | Transaction ID : D1053-00HS43 |
| 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. Sonny's Real Pit Bar-B-Q | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 |
| Mailing Address 2900 Cheney Highway | | Amount of Each Disbursement this Period 842.46 |
| City Titusville | State FL | |
| Zip Code 32780 | Purpose of Disbursement food & beverage | Transaction ID : D2-01qN01 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 680 N. Apollo Blvd. | | Amount of Each Disbursement this Period 61.14 |
| City Melbourne | State FL | |
| Zip Code 32935 | Purpose of Disbursement postage | Transaction ID : D3-004L5k |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 929.84 |
| 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 104 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Visa | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 1841.05 |
| City Tampa | State FL | |
| Zip Code 33630 | Purpose of Disbursement see memo entries | Transaction ID : D1054-00HS44 |
| 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. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 32.84 |
| City Boca Raton | State FL | |
| Zip Code 33496 | Purpose of Disbursement office supplies | Transaction ID : D4-00lw1e |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 141.19 |
| City Boca Raton | State FL | |
| Zip Code 33496 | Purpose of Disbursement office supplies | Transaction ID : D5-00lw1f |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1841.05 |
| 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 105 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 147.00 |
| City Boca Raton | State FL | |
| Purpose of Disbursement postage | | |
| 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. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 101.73 |
| City Boca Raton | State FL | |
| Purpose of Disbursement office supplies | | |
| 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. Publix Supermarket | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014 |
| Mailing Address 3300 Publix Corporate Parkway | | Amount of Each Disbursement this Period 26.29 |
| City Lakeland | State FL | |
| Purpose of Disbursement food & beverage | | |
| 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: | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 106 OF 122 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 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)
Friends of Bill Posey

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Staples | | Date of Disbursement MM / DD / YYYY 03 / 20 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 4.76 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement office supplies | Transaction ID : D10-00IS0n |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement MM / DD / YYYY 03 / 21 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 47.16 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement office supplies | Transaction ID : D11-00IS0o |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement MM / DD / YYYY 04 / 03 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 138.33 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement printing | Transaction ID : D12-00IS0p |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 107 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Staples | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 138.33 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement printing | Transaction ID : D13-00IS0q |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 106.16 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement office supplies | Transaction ID : D14-00IS0r |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 738.73 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement office supplies | Transaction ID : D15-00IS0s |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 108 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Wal-Mart Stores, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 |
| Mailing Address 702 S.W. 8th Street | | Amount of Each Disbursement this Period 71.91 |
| City Bentonville State AR Zip Code 72716 | Purpose of Disbursement event supplies | |
| Candidate Name | Category/Type | Transaction ID : D18-00Kw0Z |
| 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: | | [MEMO ITEM] Credit Card Item |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Wal-Mart Stores, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 |
| Mailing Address 702 S.W. 8th Street | | Amount of Each Disbursement this Period 36.75 |
| City Bentonville State AR Zip Code 72716 | Purpose of Disbursement food & beverage | |
| Candidate Name | Category/Type | Transaction ID : D19-00Kw0a |
| 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: | | [MEMO ITEM] Credit Card Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Visa | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 1425.31 |
| City Tampa State FL Zip Code 33630 | Purpose of Disbursement see memo entries | |
| Candidate Name | Category/Type | Transaction ID : D1055-00HS45 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1425.31 |
| 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 109 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address P. O. Box 105262 | | Amount of Each Disbursement this Period 0000,000.00 105.99 |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement telephone | Transaction ID : D1-00AS1d |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Euro Fusion Restaurant & Bar | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014 |
| Mailing Address 6877 S.W. 18th Street | | Amount of Each Disbursement this Period 0000,000.00 224.44 |
| City Boca Raton | State FL | |
| Zip Code 33433 | Purpose of Disbursement food & beverage | Transaction ID : D5-01qR01 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Hampton Inn | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014 |
| Mailing Address 1000 South Federal Highway | | Amount of Each Disbursement this Period 0000,000.00 298.59 |
| City Hallandale Beach | State FL | |
| Zip Code 33009 | Purpose of Disbursement travel | Transaction ID : D6-01qT01 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 110 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Hampton Inn | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014 |
| Mailing Address 1000 South Federal Highway | | Amount of Each Disbursement this Period 298.59 |
| City Hallandale Beach | State FL | |
| Zip Code 33009 | Purpose of Disbursement travel | Transaction ID : D7-01qT02 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Publix Supermarket | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address 3300 Publix Corporate Parkway | | Amount of Each Disbursement this Period 37.46 |
| City Lakeland | State FL | |
| Zip Code 33811 | Purpose of Disbursement food & beverage | Transaction ID : D8-00N100 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. House of Representatives | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014 |
| Mailing Address Longworth Building | | Amount of Each Disbursement this Period 136.80 |
| City Washington | State DC | |
| Zip Code 20515 | Purpose of Disbursement gifts | Transaction ID : D9-00Wb0i |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 111 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. House of Representatives | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014 |
| Mailing Address Longworth Building | | Amount of Each Disbursement this Period 66.00 |
| City Washington | State DC | |
| Zip Code 20515 | Purpose of Disbursement gifts | Transaction ID : D10-00Wb0j |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. House of Representatives | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014 |
| Mailing Address Longworth Building | | Amount of Each Disbursement this Period 132.00 |
| City Washington | State DC | |
| Zip Code 20515 | Purpose of Disbursement gifts | Transaction ID : D11-00Wb0k |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Visa | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 397.86 |
| City Tampa | State FL | |
| Zip Code 33630 | Purpose of Disbursement see memo entries | Transaction ID : D1056-00HS46 |
| 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: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 397.86 |
| 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 112 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 90.58 |
| City Boca Raton | State FL | |
| Zip Code 33496 | Purpose of Disbursement office supplies | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014 |
| Mailing Address 6600 N. Military Trail | | Amount of Each Disbursement this Period 50.94 |
| City Boca Raton | State FL | |
| Zip Code 33496 | Purpose of Disbursement office supplies | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 56.99 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement office supplies | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 113 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Staples | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 46.11 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement printing | Transaction ID : D5-00IS0u |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 |
| Mailing Address P. O. Box 689020 | | Amount of Each Disbursement this Period 83.00 |
| City Des Moines | State IA | |
| Zip Code 50368 | Purpose of Disbursement printing | Transaction ID : D6-00IS0v |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Visa | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 731.91 |
| City Tampa | State FL | |
| Zip Code 33630 | Purpose of Disbursement see memo entries | Transaction ID : D1057-00HS47 |
| 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: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 731.91 |
| 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 114 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Chick-fil-A | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 2200 Crystal Drive, #G | | Amount of Each Disbursement this Period 391.28 |
| City Arlington | State VA | |
| Zip Code 22202 | Purpose of Disbursement food & beverage | Transaction ID : D1-01S803 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Tortilla Coast | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 |
| Mailing Address 400 1st Street, S.E. | | Amount of Each Disbursement this Period 18.78 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement food & beverage | Transaction ID : D2-00Yh0D |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. House of Representatives | | Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014 |
| Mailing Address Longworth Building | | Amount of Each Disbursement this Period 321.85 |
| City Washington | State DC | |
| Zip Code 20515 | Purpose of Disbursement gifts | Transaction ID : D3-00Wb0z |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 115 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Visa | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 435.50 |
| City Tampa | State FL | |
| Zip Code 33630 | Purpose of Disbursement see memo entries | Transaction ID : D1058-00HS48 |
| 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. U.S. House of Representatives | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address Longworth Building | | Amount of Each Disbursement this Period 334.35 |
| City Washington | State DC | |
| Zip Code 20515 | Purpose of Disbursement gifts | Transaction ID : D3-00Wb10 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Visa | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 636.64 |
| City Tampa | State FL | |
| Zip Code 33630 | Purpose of Disbursement see memo entries | Transaction ID : D1059-00HS49 |
| 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: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1072.14 |
| 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 116 OF 122 | | | |
| | <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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014 |
| Mailing Address P. O. Box 105262 | | Amount of Each Disbursement this Period 134.40 |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement telephone | Transaction ID : D1-00AS1e |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Best Buy | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 7601 Penn Avenue, S. | | Amount of Each Disbursement this Period 26.49 |
| City Richfield | State MN | |
| Zip Code 55423 | Purpose of Disbursement office equipment | Transaction ID : D3-00N608 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Symantec Corporation | | Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014 |
| Mailing Address 350 Ellis Street | | Amount of Each Disbursement this Period 74.89 |
| City Mountain View | State CA | |
| Zip Code 94043 | Purpose of Disbursement software | Transaction ID : D5-01HN08 |
| 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) | [MEMO ITEM] Credit Card Item |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 117 OF 122 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 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)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address 680 N. Apollo Blvd. | | Amount of Each Disbursement this Period 32.88 |
| City Melbourne | State FL | |
| Zip Code 32935 | Purpose of Disbursement postage | [MEMO ITEM] Credit Card Item |
| 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. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 680 N. Apollo Blvd. | | Amount of Each Disbursement this Period 196.00 |
| City Melbourne | State FL | |
| Zip Code 32935 | Purpose of Disbursement postage | [MEMO ITEM] Credit Card Item |
| 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. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014 |
| Mailing Address 680 N. Apollo Blvd. | | Amount of Each Disbursement this Period 14.34 |
| City Melbourne | State FL | |
| Zip Code 32935 | Purpose of Disbursement postage | [MEMO ITEM] Credit Card Item |
| 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: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| 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 118 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Robert Watkins & Company | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address 610 S. Boulevard | | Amount of Each Disbursement this Period 106.02 Transaction ID : D1094-001H1M |
| City Tampa State FL Zip Code 33606 | Purpose of Disbursement postage/delivery | |
| 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. Robert Watkins & Company | | Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014 |
| Mailing Address 610 S. Boulevard | | Amount of Each Disbursement this Period 2500.00 Transaction ID : D1095-001H1N |
| City Tampa State FL Zip Code 33606 | Purpose of Disbursement accounting services | |
| 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. Robert Watkins & Company | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 610 S. Boulevard | | Amount of Each Disbursement this Period 2500.00 Transaction ID : D1096-001H1O |
| City Tampa State FL Zip Code 33606 | Purpose of Disbursement accounting services | |
| 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: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5106.02 |
| 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 119 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Robert Watkins & Company | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 610 S. Boulevard | | Amount of Each Disbursement this Period 2500.00 |
| City Tampa | State FL | Zip Code 33606 |
| Purpose of Disbursement accounting services | Category/Type | |
| Candidate Name | Transaction ID : D1097-001H1P | |
| 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. Regina A. Weiler | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address 4240 S. Tropical Trail | | Amount of Each Disbursement this Period 350.00 |
| City Merritt Island | State FL | Zip Code 32952 |
| Purpose of Disbursement petition gathering | Category/Type | |
| Candidate Name | Transaction ID : D1100-01qL01 | |
| 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. eDonations.com | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address 117 N. Saint Asaph Street | | Amount of Each Disbursement this Period 1138.92 |
| City Alexandria | State VA | Zip Code 22314 |
| Purpose of Disbursement online fundraising | Category/Type | |
| Candidate Name | Transaction ID : D1130-00G31D | |
| 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: | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3988.92 |
| 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 120 OF 122 | |
| | <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)
Friends of Bill Posey

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. eDonations.com | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 117 N. Saint Asaph Street | | Amount of Each Disbursement this Period 891.18 Transaction ID : D1131-00G31E |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement online fundraising | |
| 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. eDonations.com | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address 117 N. Saint Asaph Street | | Amount of Each Disbursement this Period 1170.78 Transaction ID : D1132-00G31F |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement online fundraising | |
| 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. | | 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)..... | 2061.96 |
| TOTAL This Period (last page this line number only)..... | 86908.88 |

**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 121 OF 122 |
| | <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)
Friends of Bill Posey

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Natl. Republican Congressional Committee | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014 |
| Mailing Address 320 First Street, S.E. | | Amount of Each Disbursement this Period 5000.00 Transaction ID : D516-00Ks01 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement excess funds | |
| 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. Wallbuilders, LLC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014 |
| Mailing Address P. O. Box 397 | | Amount of Each Disbursement this Period 500.00 Transaction ID : D1075-01rW01 |
| City Aledo State TX Zip Code 76008 | Purpose of Disbursement contribution | |
| 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. | | 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)..... | 5500.00 |
| TOTAL This Period (last page this line number only)..... | 5500.00 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Data Targeting, Inc.

Mailing Address 6211 N.W. 132nd Street

City State Zip Code
Gainesville FL 32653

Nature of Debt (Purpose):
direct mail services

| | | | |
|---|--------------------------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : 40 | |
| <input type="text" value="9563.14"/> | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| <input type="text" value="16744.64"/> | <input type="text" value="9563.14"/> | <input type="text" value="16744.64"/> | |

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Innovative Images

Mailing Address 1124 Woodsmere Parkway

City State Zip Code
Rockledge FL 32955

Nature of Debt (Purpose):
campaign t-shirts

| | | | |
|---|--------------------------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : 78 | |
| <input type="text" value="1272.00"/> | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| <input type="text" value="0.00"/> | <input type="text" value="1272.00"/> | <input type="text" value="0.00"/> | |

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

| | | | |
|---|----------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| <input type="text"/> | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="16744.64"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="16744.64"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="16744.64"/> |