

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Reform Washington

ADDRESS (number and street) ▼

8724 Sunset Drive, #171

☐ Check if different than previously reported. (ACC)

Miami

FL

33173

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00575456

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

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)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y 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 M /

D D D /

Y Y Y 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 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Reform Washington

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
03		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		800125.24
(b) Cash on Hand at Beginning of Reporting Period.....	800125.24	
(c) Total Receipts (from Line 19)	80000.00	80000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	880125.24	880125.24
7. Total Disbursements (from Line 31).....	139627.59	139627.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	740497.65	740497.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Reform Washington

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
03	/	31	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

80000.00

80000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

80000.00

80000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

80000.00

80000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

80000.00

80000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

80000.00

80000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	139627.59	139627.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	139627.59	139627.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	139627.59	139627.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	139627.59	139627.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	80000.00	80000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80000.00	80000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	139627.59	139627.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	139627.59	139627.59

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

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

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

A. Costa Farms, LLC

Mailing Address 21800 S.W. 162 Avenue

City State Zip Code
 Miami FL 33170

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 30 2016

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Itzhak Ezratti

Mailing Address 1401 N. University Drive

City State Zip Code
 Coral Springs FL 33071

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

GL Homes

real estate developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David L. Flory

Mailing Address 50 S. Pointe Drive, #2008

City State Zip Code
 Miami Beach FL 33139

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

n/a

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 03 2016

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

20000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

A. Palm Beach West Associates III, LLLP

Mailing Address 1600 Sawgrass Corporate Pkwy.
#400

City State Zip Code
Sunrise FL 33323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2016

Transaction ID : SA11AI.4486

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TEM, LLC

Mailing Address 6321 Daniels Parkway, #200

City State Zip Code
Fort Myers FL 33912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2016

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period

40000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Windhaven Insurance Company

Mailing Address 8550 N.W. 33rd Street, #400

City State Zip Code
Doral FL 33122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 24 2016

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

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

60000.00

80000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

A. Clark Hill, P.L.C.

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
legal services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SB21B.4457

Amount of Each Disbursement this Period

1271.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Clark Hill, P.L.C.

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
legal services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2016

Transaction ID : SB21B.4464

Amount of Each Disbursement this Period

378.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Clark Hill, P.L.C.

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
legal services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SB21B.4472

Amount of Each Disbursement this Period

1302.00

☐ Memo Item

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

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

2951.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

A. Delve, LLCMailing Address 1200 18th Street, N.W.
Suite 814

City Washington State DC Zip Code 20036

Purpose of Disbursement
research

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 30 2016

Transaction ID : SB21B.4477

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. eDonations

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
online fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 02 2016

Transaction ID : SB21B.4466

Amount of Each Disbursement this Period

248.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Forward Strategies, Inc.

Mailing Address 7222 Anhinga Farms Road

City Tallahassee State FL Zip Code 32309

Purpose of Disbursement
fundraising consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 21 2016

Transaction ID : SB21B.4456

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

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

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

21248.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

A. Forward Strategies, Inc.

Mailing Address 7222 Anhinga Farms Road

City Tallahassee State FL Zip Code 32309

Purpose of Disbursement
fundraising consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 23 2016

Transaction ID : SB21B.4463

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Forward Strategies, Inc.

Mailing Address 7222 Anhinga Farms Road

City Tallahassee State FL Zip Code 32309

Purpose of Disbursement
fundraising consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 24 2016

Transaction ID : SB21B.4471

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Full Contact Strategies, LLC

Mailing Address 1771 E. Mallory Street

City Pensacola State FL Zip Code 32503

Purpose of Disbursement
messaging strategy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 07 2016

Transaction ID : SB21B.4447

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

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

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

35000.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Reform Washington

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

A. Intrepid Media, Inc.

Mailing Address 210 Mill Branch Road

City Tallahassee State FL Zip Code 32312

Purpose of Disbursement
media consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : SB21B.4454

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Intrepid Media, Inc.

Mailing Address 210 Mill Branch Road

City Tallahassee State FL Zip Code 32312

Purpose of Disbursement
media consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : SB21B.4462

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Intrepid Media, Inc.

Mailing Address 210 Mill Branch Road

City Tallahassee State FL Zip Code 32312

Purpose of Disbursement
media consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SB21B.4465

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

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

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

22500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

A. Robert Watkins & Company, P.A.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	9		2	0	1	6		

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Transaction ID : SB21B.4458Purpose of Disbursement
accounting services

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

741.00

☐ Memo Item

Office Sought:	☐ House ☐ Senate ☐ President	Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

B. ZBD, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				0	7		2	0	1	6		

Mailing Address 131 Madeira Avenue
2nd Floor

City	State	Zip Code
Coral Gables	FL	33134

Transaction ID : SB21B.4448Purpose of Disbursement
fundraising

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

25000.00

☐ Memo Item

Office Sought:	☐ House ☐ Senate ☐ President	Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

C. ZBD, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	4		2	0	1	6		

Mailing Address 131 Madeira Avenue
2nd Floor

City	State	Zip Code
Coral Gables	FL	33134

Transaction ID : SB21B.4461Purpose of Disbursement
fundraising

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10000.00

☐ Memo Item

Office Sought:	☐ House ☐ Senate ☐ President	Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼
State:	District:		

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

35741.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Reform Washington

A. ZBD, Inc.

 Memo Item

B.

 Memo Item

C.

 Memo Item

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

139627.59

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Reform Washington

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ZBD, Inc.

Nature of Debt (Purpose):
fundraisingMailing Address 131 Madeira Avenue
2nd FloorCity State Zip Code
Coral Gables FL 33134

Outstanding Balance Beginning This Period

25000.00

Transaction ID : SD10.4445

Amount Incurred This Period

0.00

Payment This Period

25000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►