

# 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

ED MACDOUGALL CAMPAIGN

ADDRESS (number and street)

2655 LEJEUNE ROAD SUITE 323

Check if different than previously reported. (ACC)

CORAL GABLES

FL

33134

2. FEC IDENTIFICATION NUMBER ▼

C C00541490

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

FL

26

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Mr. Ernesto Martinez Jr.

Signature of Treasurer Mr. Ernesto Martinez Jr.

[Electronically Filed]

Date

/  /

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									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**ED MACDOUGALL CAMPAIGN**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4450.00	24250.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4450.00	24050.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	22290.68	57173.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22290.68	57173.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7876.96	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	41000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**ED MACDOUGALL CAMPAIGN**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3550.00	20300.00
(ii) Unitemized.....	900.00	3950.00
(iii) TOTAL of contributions from individuals ▶	4450.00	24250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4450.00	24250.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	41000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	41000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4450.00	65250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22290.68	57173.04
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	200.00
(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	200.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	22290.68	57373.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25717.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4450.00
25. SUBTOTAL (add Line 23 and Line 24).....	30167.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22290.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7876.96

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

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

FOR LINE NUMBER: PAGE 5 OF 18  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**ED MACDOUGALL CAMPAIGN**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Cuccaro**

Mailing Address 4681 N Lena Drive

City State Zip Code  
Beverly Hills FL 34465-3182

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4374**

Amount of Each Receipt this Period

Check

**B.** Full Name (Last, First, Middle Initial)  
**Angel Diaz**

Mailing Address 7260 SW 118 St.

City State Zip Code  
Miami FL 33156

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4394**

Amount of Each Receipt this Period

Check

**C.** Full Name (Last, First, Middle Initial)  
**Marcell Hetenyi**

Mailing Address 18001 Old Cutler Road, Ste. 421

City State Zip Code  
Palmetto Bay FL 33157

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Sheckner & Hetenyi, PI Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period

Check

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

**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 6 OF 18
	<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)  
**ED MACDOUGALL CAMPAIGN**

**A.** Full Name (Last, First, Middle Initial)  
**Edwina Y Hutton**

Mailing Address 9741 Bel Air Drive

City Miami State FL Zip Code 33157

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.4350**

Amount of Each Receipt this Period  
 250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Eduardo M Legorburu**

Mailing Address 10600 SW 72 Ave.

City Miami State FL Zip Code 33156-3814

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

Name of Employer Sapient Occupation Advertising

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.4360**

Amount of Each Receipt this Period  
 250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Leonardo Liedner**

Mailing Address 14284 Gorham Road

City Pensacola State FL Zip Code 32507

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2013

**Transaction ID : SA11AI.4397**

Amount of Each Receipt this Period  
 500.00

Check

**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 7 OF 18
	<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)  
**ED MACDOUGALL CAMPAIGN**

**A.** Full Name (Last, First, Middle Initial)  
**Jane H Walker**

Mailing Address 14250 SW 105 Terrace

City Miami State FL Zip Code 33186

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

Name of Employer Self Occupation Decorator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.4362**

Amount of Each Receipt this Period  
 250.00

Check

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

Mailing Address 9640 Martinique Drive

City Cutler Bay State FL Zip Code 33189

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

Name of Employer Retired Occupation Retired Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2013

**Transaction ID : SA11AI.4346**

Amount of Each Receipt this Period  
 750.00

Check

**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 M / D 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).....

500.00

3550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18			
	<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)  
**ED MACDOUGALL CAMPAIGN**

Full Name (Last, First, Middle Initial) <b>A. Mr. Mark Goodrich</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 6100.00 <b>Transaction ID : SB17.4382</b>
City Cooper City	State FL	
Purpose of Disbursement Reimbursement for WiFi	Category/ Type 001	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Goodrich</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4380</b>
City Cooper City	State FL	
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

Full Name (Last, First, Middle Initial) <b>c. Mr. Mark Goodrich</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4384</b>
City Cooper City	State FL	
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6100.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Form/Schedule: SB17

Transaction ID : SB17.4382

Original Vendor: Verizon Wireless 1450 NW 87th Ave. Ste. 101, Doral, FL 33172; Date of Purchase: 7/6/13; Purpose: Internet for Tablets; Original Amount: \$100

Form/Schedule:

Transaction ID:

**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 10 OF 18			
	<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)  
**ED MACDOUGALL CAMPAIGN**

Full Name (Last, First, Middle Initial) <b>A. Mr. Mark Goodrich</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 211.43 <b>Transaction ID : SB17.4386</b>
City Cooper City	State FL	
Purpose of Disbursement Reimbursement	Category/ Type	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Goodrich</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 3145.00 <b>Transaction ID : SB17.4367</b>
City Cooper City	State FL	
Purpose of Disbursement Monetary	Category/ Type 001	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

Full Name (Last, First, Middle Initial) <b>c. Mr. Mark Goodrich</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4369</b>
City Cooper City	State FL	
Purpose of Disbursement Reimbursement for Brochures	Category/ Type 006	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3956.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: **SB17**

Transaction ID : **SB17.4386**

Date: 7/19/13 Purpose: office supplies, ink for printer and paper for invitations. Vendor Name: Staples Address: 18591 S Dixie Hwy Cutler Bay, FL 33157

Form/Schedule: **SB17**

Transaction ID: **SB17.4369**

Original Vendor: Next Day Flyers 18711 S. Broadwick St., Compton, CA 90220; Date of Purchase: 9/7/13; Purpose; Campaign Brochures; Amount \$600

**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 12 OF 18	
	<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)  
**ED MACDOUGALL CAMPAIGN**

Full Name (Last, First, Middle Initial) <b>A. Mr. Mark Goodrich</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 3246.00 <b>Transaction ID : SB17.4372</b>
City Cooper City	State FL	
Purpose of Disbursement Monetary	Category/ Type 001	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 26	

Full Name (Last, First, Middle Initial) <b>B. Infogroup</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2013
Mailing Address 1020 E 1st Street		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4389</b>
City Papillion	State NE	
Purpose of Disbursement Phone Match	Category/ Type 003	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 26	

Full Name (Last, First, Middle Initial) <b>c. Infogroup</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2013
Mailing Address 1020 E 1st Street		Amount of Each Disbursement this Period 113.75 <b>Transaction ID : SB17.4387</b>
City Papillion	State NE	
Purpose of Disbursement Phone Match	Category/ Type 003	
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 26	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5359.75
<b>TOTAL</b> 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 13 OF 18			
	<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)  
**ED MACDOUGALL CAMPAIGN**

Full Name (Last, First, Middle Initial) <b>A. Luke Kosar</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2013
Mailing Address PO Box 610373		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4385</b>
City North Miami	State FL	
Zip Code 33261	Purpose of Disbursement General Campaign Consulting	Category/ Type 001
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 26	

Full Name (Last, First, Middle Initial) <b>B. Luke Kosar</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2013
Mailing Address PO Box 610373		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4368</b>
City North Miami	State FL	
Zip Code 33261	Purpose of Disbursement Monetary	Category/ Type 001
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 26	

Full Name (Last, First, Middle Initial) <b>C. Luke Kosar</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2013
Mailing Address PO Box 610373		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4371</b>
City North Miami	State FL	
Zip Code 33261	Purpose of Disbursement Monetary	Category/ Type 001
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 26	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.00
<b>TOTAL</b> 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 14 OF 18	
	<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)  
**ED MACDOUGALL CAMPAIGN**

Full Name (Last, First, Middle Initial) <b>A. OGC Miami, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address P.O. Box 970797		Amount of Each Disbursement this Period 374.50 <b>Transaction ID : SB17.4365</b>
City Miami	State FL	
Zip Code 33197	Purpose of Disbursement Monetary	Category/ Type 006
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 26	

Full Name (Last, First, Middle Initial) <b>B. James Thomas</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 18001 Old Cutler Road		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4383</b>
City Palmetto Bay	State FL	
Zip Code 33157	Purpose of Disbursement General Campaign Consulting	Category/ Type 001
Candidate Name <b>ED MACDOUGALL CAMPAIGN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 26	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3374.50
<b>TOTAL</b> This Period (last page this line number only).....	22290.68

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **ED MACDOUGALL CAMPAIGN** Transaction ID : **SC/10.4339**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>ED MACDOUGALL CAMPAIGN</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2655 LEJEUNE ROAD SUITE 323	

City	State	ZIP Code
CORAL GABLES	FL	33134

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
01 / 22 / 2013	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	500.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4340

**ED MACDOUGALL CAMPAIGN**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**ED MACDOUGALL CAMPAIGN**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address

2655 LEJEUNE ROAD SUITE 323

City

State

ZIP Code

CORAL GABLES

FL

33134

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M 01 / D 22 / Y 2013

Date Due

M / D / Y None

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

500.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **ED MACDOUGALL CAMPAIGN** Transaction ID : **SC/10.4138**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Edward P. MacDougall</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7955 SW 201 Terrace		

City	State	ZIP Code
Miami	FL	33189-2117

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
34000.00	0.00	34000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 03 / 25 / 2013	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	34000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **ED MACDOUGALL CAMPAIGN** Transaction ID : **SC/10.4328**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Edward P. MacDougall**  Primary  
 Mailing Address 7955 SW 201 Terrace  General  
 Other (specify) ▼

City State ZIP Code  
 Miami FL 33189-2117

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 05 / D 10 / Y 2013 M M / D D / Y None 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	6000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	41000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**