

# 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

IRL PAC

ADDRESS (number and street) P.O. Box 90-1233

Check if different than previously reported. (ACC) Homestead FL 33090-1233

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00402982

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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

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

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

 Election on [MM] / [DD] / [YYYY] in the State of [ ]

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

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

 Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [07] / [01] / [2014] through [07] / [31] / [2014]

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. Ed S Torgas

Signature of Treasurer Mr. Ed S Torgas [Electronically Filed] Date [08] / [20] / [2014]

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**IRL PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="44811.88"/>	<input type="text" value="44811.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59192.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36750.00"/>	<input type="text" value="66256.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="95942.77"/>	<input type="text" value="111067.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33233.99"/>	<input type="text" value="48359.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="62708.78"/>	<input type="text" value="62708.78"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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)

Write or Type Committee Name

**IRL PAC**

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

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).....	36750.00	65250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36750.00	65250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36750.00	66250.00
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	6.00
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))..... ▶	36750.00	66256.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36750.00	66256.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	28233.99	29359.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	28233.99	29359.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	19000.00
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)) ..	33233.99	48359.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33233.99	48359.10

**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) .....	36750.00	66250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36750.00	66250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	28233.99	29359.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	28233.99	29359.10

**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 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**IRL PAC**

Full Name (Last, First, Middle Initial) <b>A. Arthur Choate</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : SA11AI.4167</b>
Mailing Address 1390 S. Dixie Hwy, #2221		Amount of Each Receipt this Period 1000.00
City Coral Gables	State FL	Zip Code 33146
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Michelle R Cruz</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014 <b>Transaction ID : SA11AI.4216</b>
Mailing Address 1175 NE 125 St., Ste 102		Amount of Each Receipt this Period 1000.00
City North Miami	State FL	Zip Code 33161
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer TradeStation Group	Occupation Co-CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ranley Desir</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2014 <b>Transaction ID : SA11AI.4207</b>
Mailing Address 7901 SW 67th Terrace		Amount of Each Receipt this Period 2000.00
City Miami	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Center for Advance	Occupation Cardiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial) <b>A. Remedios Diaz</b>		Date of Receipt MM / DD / YYYY 07 / 12 / 2014
Mailing Address One Grove Isle Drive Apt. 1701		<b>Transaction ID : SA11AI.4205</b>
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer All American Contain	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Lincoln R. Diaz-Balart</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014
Mailing Address 6920 SW 94 Ave.		<b>Transaction ID : SA11AI.4179</b>
City Miami	State FL	Zip Code 33173
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Lincoln Diaz-Balart PLLC	Occupation Attorney at Law	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Alberto Fernandez-Bravo</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014
Mailing Address 201 NW 82 Ave., Ste 307		<b>Transaction ID : SA11AI.4177</b>
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Fernandez-Brav	Occupation Sole Proprietor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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: PAGE 8 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial)  
**A. Deborah Herman**

Mailing Address 2665 S. Bayshore Drive

City Miami State FL Zip Code 33133

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

Name of Employer Fabric Innovations Occupation President/Manufacturing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2014  
**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Dr. Charles Humble**

Mailing Address 9999 Collins Avenue, Apt. 12A

City Bal Harbour State FL Zip Code 33154

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

Name of Employer Self Employed Occupation Criminologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2014  
**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Luis Isaias**

Mailing Address 6921 Sunrise Place

City Coral Gables State FL Zip Code 33133

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

Name of Employer EC Educational Funding Occupation Manager

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  
 07 / 11 / 2014  
**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

**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:	PAGE 9 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial)  
**A. Virginia A Jacko**

Mailing Address 2 Grove Isle Dr., #1110

City Miami State FL Zip Code 33133

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

Name of Employer Miami Lighous Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.4171**

Amount of Each Receipt this Period  
300.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Cyrus M Jollivette**

Mailing Address 11800 Old Georgetown Rd Unit 1221

City Rickville State MD Zip Code 20852

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

Name of Employer Cyrus M. Jollivette Public Aff Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID : SA11AI.4183**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Manuel Kadre**

Mailing Address 5345 Hammock Dr

City Coral Gasbls State FL Zip Code 33156

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

Name of Employer CC1 Companies, Inc. Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period  
2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3800.00

**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: PAGE 10 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial)  
**A. Jay Kislak**

Mailing Address 720 NE 69th Street, Apt. 21W

City State Zip Code  
Miami FL 33138

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

Name of Employer Occupation  
J.I. Kislak, Inc Real Estate Investments

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2014  
**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
1200.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Ira Leesfield**

Mailing Address 3460 S. Mooring Way

City State Zip Code  
Miami FL 33138

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

Name of Employer Occupation  
Leesfield & Partners, Attorney

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  
 07 / 11 / 2014  
**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Philip Leitman**

Mailing Address 8791 SW 64 Ct

City State Zip Code  
Pinecrest FL 33143

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

Name of Employer Occupation  
Philip Leitman, In Real Estate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : SA11AI.4169**

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7200.00

**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 11 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial) <b>A. Aida Levitan</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2014
Mailing Address One Grove Isle Drive, Apt. 1809		<b>Transaction ID : SA11AI.4193</b>
City Coconut Grove	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Sanchez & Levita	Occupation CEO/Publisist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Cirila Nilda Milton</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014
Mailing Address 3211 Ponce De Leon Blvd., Suite 30		<b>Transaction ID : SA11AI.4173</b>
City Coral Gables	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer J. Milton & Associates	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Rosa Noriega</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2014
Mailing Address 3529 Gulfstream Way		<b>Transaction ID : SA11AI.4191</b>
City Davie	State FL	Zip Code 33328
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6250.00
<b>TOTAL</b> 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 12 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial)  
**A. Russell Oasis**

Mailing Address 4840 SW 80th Street

City Miami State FL Zip Code 33143

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

Name of Employer Oasis Radio Group Occupation Broadcasting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.4220**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Christopher Ruddy**

Mailing Address 560 Village Blvd., Suite 120

City West Palm Beach State FL Zip Code 33409

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

Name of Employer Newmax Media, Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

**Transaction ID : SA11AI.4218**

Amount of Each Receipt this Period  
2000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Ai-Wen Sung Chen**

Mailing Address 1506 Delgado Ave

City Coral Gables State FL Zip Code 33146

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 13 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

**A. Stanley Tate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1175 NE 125th St  
 City North Miami State FL Zip Code 33161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tate Enterprises Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 24 / 2014**  
**Transaction ID : SA11AI.4189**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**B. Dr. Billy K Yeh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13621 Deering Bay Drive, Apt. 602  
 City Coral Gables State FL Zip Code 33158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yeh and Quesada, MDs, PA Occupation Cardiologist/Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 11 / 2014**  
**Transaction ID : SA11AI.4201**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**C. Ming-Lon Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7600 SW 124 Street  
 City Miami State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Joe DiMaggio's Children's Hosp Occupation Physician/Director of Electrophysiolog  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 14 / 2014**  
**Transaction ID : SA11AI.4209**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>36750.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial)

### A. Angie Printing

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement  
Printing

001

Candidate Name  
**IRL PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : **SB21B.4228**

Amount of Each Disbursement this Period

2574.05
---------

Full Name (Last, First, Middle Initial)

### B. Gabriel M. Sanchez

Mailing Address 7245 SW 87 Ave., #400

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Event Funder

001

Candidate Name  
**IRL PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : **SB21B.4226**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### C. Gabriel M. Sanchez

Mailing Address 7245 SW 87 Ave., #400

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Event Supplies

007

Candidate Name  
**IRL PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : **SB21B.4232**

Amount of Each Disbursement this Period

1650.00
---------

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

5224.05
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial)

**A. The Ritz-Carlton Coconut Grove**

Mailing Address 3300 SW 27 Ave

City Miami State FL Zip Code 33133

Purpose of Disbursement  
Event Location Expense

**007**  
Category/  
Type

Candidate Name  
**IRL PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4225**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. The Ritz-Carlton Coconut Grove**

Mailing Address 3300 SW 27 Ave

City Miami State FL Zip Code 33133

Purpose of Disbursement  
Event Location Expense

**007**  
Category/  
Type

Candidate Name  
**IRL PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4233**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Ritz-Carlton Coconut Grove**

Mailing Address 3300 SW 27 Ave

City Miami State FL Zip Code 33133

Purpose of Disbursement  
Event Location Expense

**007**  
Category/  
Type

Candidate Name  
**IRL PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4236**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IRL PAC**

Full Name (Last, First, Middle Initial)

**A. Carlos Curbelo Congress**

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement  
Contribution to Committee

011

Category/  
Type

Candidate Name  
**IRL PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2014

Transaction ID : SB23.4231

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

5000.00

5000.00