

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 137
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Florida New Majority		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 8330 Biscayne Blvd. Suite 1		Amount 1531.20
City Miami	State FL	
Purpose of Expenditure Est. Cost-Food for Canvassers from 10/16-11/6		Transaction ID : D340167
Category/ Type	001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		2012 <input type="checkbox"/> Other (specify) ▶
2759696.52		

Full Name (Last, First, Middle Initial) of Payee Florida New Majority		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 8330 Biscayne Blvd. Suite 1		Amount 1531.20
City Miami	State FL	
Purpose of Expenditure Est. Cost-Food for Canvassers from 10/16-11/6		Transaction ID : D340168
Category/ Type	001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		2012 <input type="checkbox"/> Other (specify) ▶
294056.50		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3062.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Hilda Alvarado		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 16325 NW 24 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Hollywood FL 33028		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340171

Full Name (Last, First, Middle Initial) of Payee Hilda Alvarado		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 16325 NW 24 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Hollywood FL 33028		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340172

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Joseph Benia	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 16 / 2012 </div>					
Mailing Address 12027 SW 15th St.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Hollywood</td> <td>FL</td> <td>33025</td> </tr> </table>		City	State	Zip Code	Hollywood	FL
City	State	Zip Code				
Hollywood	FL	33025				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340173

Full Name (Last, First, Middle Initial) of Payee Joseph Benia	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 16 / 2012 </div>					
Mailing Address 12027 SW 15th St.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Hollywood</td> <td>FL</td> <td>33025</td> </tr> </table>		City	State	Zip Code	Hollywood	FL
City	State	Zip Code				
Hollywood	FL	33025				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340174

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Lovemore Chiweshe		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 14222 NW 18th Pl.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Hollywood FL 33028	Transaction ID : D340175	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Lovemore Chiweshe		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 14222 NW 18th Pl.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Hollywood FL 33028	Transaction ID : D340176	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Marquell Drigo		Date 10 / 16 / 2012
Mailing Address 6240 NW 14th Pl.		Amount 418.28
City Fort Lauderdale	State FL	Zip Code 33313
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340177

Full Name (Last, First, Middle Initial) of Payee Marquell Drigo		Date 10 / 16 / 2012
Mailing Address 6240 NW 14th Pl.		Amount 418.28
City Fort Lauderdale	State FL	Zip Code 33313
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340178

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Gihan Perera
Signature _____ Date 12 / 04 / 2012

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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Nelson Dubreus		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1720 NW 7th Terrace		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33311	Transaction ID : D340179	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Nelson Dubreus		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1720 NW 7th Terrace		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33311	Transaction ID : D340180	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Brian Dunlop		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 130 NE 41st St., #8		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33334	Transaction ID : D340181	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Brian Dunlop		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 130 NE 41st St., #8		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33334	Transaction ID : D340182	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
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<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Enode Duvercy		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2324 NW 15th St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33311		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340183

Full Name (Last, First, Middle Initial) of Payee Enode Duvercy		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2324 NW 15th St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33311		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340184

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Patrinda Duvercy		Date <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 906 NW 2nd Ave.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>	
City Ft. Lauderdale	State FL	Zip Code 33371	Transaction ID : D340185
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee Patrinda Duvercy		Date <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 906 NW 2nd Ave.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>	
City Ft. Lauderdale	State FL	Zip Code 33371	Transaction ID : D340186
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>FL</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Marie Fleuridor		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 17335 NW 7 Ave., #109		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City Miami	State FL	
Zip Code 33169	Transaction ID : D340187	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Marie Fleuridor		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 17335 NW 7 Ave., #109		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City Miami	State FL	
Zip Code 33169	Transaction ID : D340188	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

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Gihan Perera

Signature [Electronically Filed] Date

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

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Gladys Gomez		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 7351 NW 20th Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City Fort Lauderdale	State FL	
Zip Code 33313	Transaction ID : D340189	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Gladys Gomez		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 7351 NW 20th Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City Fort Lauderdale	State FL	
Zip Code 33313	Transaction ID : D340190	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Zanolee Grant	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>					
Mailing Address 151 NW 154th St.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33169</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33169				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____				

Transaction ID : D340191

Full Name (Last, First, Middle Initial) of Payee Zanolee Grant	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>					
Mailing Address 151 NW 154th St.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33169</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33169				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____				

Transaction ID : D340192

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Anton McCormack		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 1410 NW 33rd Terrace		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City State Zip Code Fort Lauderdale FL 33311	Transaction ID : D340193	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Anton McCormack		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 1410 NW 33rd Terrace		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City State Zip Code Fort Lauderdale FL 33311		Transaction ID : D340194
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Brayam Morales		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 3101 Port Royale Blvd Apt 936		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33308-7818	Transaction ID : D340195	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Brayam Morales		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 3101 Port Royale Blvd Apt 936		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33308-7818		Transaction ID : D340196
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Ryanbo Morales	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 365 NE 191st	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33179</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33179				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340198

Full Name (Last, First, Middle Initial) of Payee Ryanbo Morales	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 365 NE 191st	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33179</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33179				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340199

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Joy Myton	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 16 / 2012 </div>		
Mailing Address 795 NW 72 Terrace	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Pompano Beach</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 33063</td> </tr> </table>		City Pompano Beach	State FL
City Pompano Beach	State FL	Zip Code 33063	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D340200

Full Name (Last, First, Middle Initial) of Payee Joy Myton	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 16 / 2012 </div>		
Mailing Address 795 NW 72 Terrace	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Pompano Beach</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 33063</td> </tr> </table>		City Pompano Beach	State FL
City Pompano Beach	State FL	Zip Code 33063	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D340201

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Maria Palomanes		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 227 SE 1st, Apt. A		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Dania FL 33004		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340202

Full Name (Last, First, Middle Initial) of Payee Maria Palomanes		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 227 SE 1st, Apt. A		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Dania FL 33004		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340203

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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Gihan Perera

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Virginia Quintanilla	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>						
Mailing Address 415 SE 3rd Ave., Apt. 6	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Hallandale</td> <td>FL</td> <td>33009</td> </tr> </table>	City	State	Zip Code	Hallandale	FL	33009	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 418.28 </div>
City	State	Zip Code					
Hallandale	FL	33009					
Transaction ID : D340204							
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001						
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought 2759696.52	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶						

Full Name (Last, First, Middle Initial) of Payee Virginia Quintanilla	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>						
Mailing Address 415 SE 3rd Ave., Apt. 6	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Hallandale</td> <td>FL</td> <td>33009</td> </tr> </table>	City	State	Zip Code	Hallandale	FL	33009	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 418.28 </div>
City	State	Zip Code					
Hallandale	FL	33009					
Transaction ID : D340205							
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001						
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought 294056.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 836.56 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Vinson Renaud		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1107 NW 15th Pl.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33311	Transaction ID : D340206	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Vinson Renaud		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1107 NW 15th Pl.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33311	Transaction ID : D340207	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Milagros Rodriguez		Date 10 / 16 / 2012
Mailing Address 2837 NW 184 Terrace		Amount 418.28
City Hollywood	State FL	Zip Code 33029
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D340208

Full Name (Last, First, Middle Initial) of Payee Milagros Rodriguez		Date 10 / 16 / 2012
Mailing Address 2837 NW 184 Terrace		Amount 418.28
City Hollywood	State FL	Zip Code 33029
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D340210

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Carlisle Sumintra		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>
Mailing Address 2850 SW 18 Terr., #17		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Fort Lauderdale	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340211

Full Name (Last, First, Middle Initial) of Payee Carlisle Sumintra		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>
Mailing Address 2850 SW 18 Terr., #17		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Fort Lauderdale	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340212

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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Gihan Perera

Signature _____ [Electronically Filed] Date 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Jimmy Williams		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1420 NW 9th St., Apt. 13		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Fort Lauderdale FL 33311	Transaction ID : D340214	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Jimmy Williams		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1420 NW 9th St., Apt. 13		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Fort Lauderdale FL 33311	Transaction ID : D340216	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Cornelius Wilson		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 6240 NW 14th Pl.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33313	Transaction ID : D340218	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Cornelius Wilson		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 6240 NW 14th Pl.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33313	Transaction ID : D340219	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Shonaye Wright		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 5119 NW 16th Pl., Apt 3		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33313	Transaction ID : D340222	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Shonaye Wright		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 5119 NW 16th Pl., Apt 3		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Fort Lauderdale FL 33313	Transaction ID : D340223	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Albertine Bazile		Date 10 / 16 / 2012
Mailing Address 749 SW 7 Terrace		Amount 281.39
City Homestead	State FL	Zip Code 33034
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340226

Full Name (Last, First, Middle Initial) of Payee Albertine Bazile		Date 10 / 16 / 2012
Mailing Address 749 SW 7 Terrace		Amount 281.39
City Homestead	State FL	Zip Code 33034
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340227

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Albertine Bazile		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 749 SW 7 Terrace		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City Homestead	State FL	
Zip Code 33034	Transaction ID : D340229	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: <u>26</u>
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Remy Bornelus		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 13151 SW 265 Terr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City Homestead	State FL	
Zip Code 33032	Transaction ID : D340230	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M / D D / Y Y Y Y Y Y 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Remy Bornelus		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 13151 SW 265 Terr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City Homestead State FL Zip Code 33032	Transaction ID : D340231	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Remy Bornelus		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 13151 SW 265 Terr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City Homestead State FL Zip Code 33032		Transaction ID : D340233
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">171014.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> _____ </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Arely Castrejon		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 665 SW 15 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City Homestead State FL Zip Code 33034		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D340234

Full Name (Last, First, Middle Initial) of Payee Arely Castrejon		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 665 SW 15 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City Homestead State FL Zip Code 33034		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 171014.85 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D340236

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Arely Castrejon		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 665 SW 15 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">281.39</div>
City Homestead	State FL	
Zip Code 33034	Transaction ID : D340238	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Aide Cortes		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 1481 Kia Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">281.39</div>
City Homestead	State FL	
Zip Code 33033	Transaction ID : D340240	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Gihan Perera

Signature _____ [Electronically Filed] Date

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

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Aide Cortes		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 1481 Kia Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">281.39</div>
City Homestead	State FL	
Zip Code 33033	Transaction ID : D340241	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Aide Cortes		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 1481 Kia Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">281.39</div>
City Homestead	State FL	
Zip Code 33033	Transaction ID : D340243	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">171014.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera

Signature _____ [Electronically Filed] Date

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

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Jose Diego Cuellar		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 211 SW 6th Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City State Zip Code Homestead FL 33034	Transaction ID : D340244	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Jose Diego Cuellar		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 211 SW 6th Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City State Zip Code Homestead FL 33034	Transaction ID : D340245	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Jose Diego Cuellar		Date 10 / 16 / 2012
Mailing Address 211 SW 6th Ct.		Amount 281.39
City Homestead	State FL	Zip Code 33034
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Transaction ID : D340246
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Calendar Year-To-Date Per Election for Office Sought 171014.85		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Guadalupe Delacruz		Date 10 / 16 / 2012
Mailing Address 344 NW 2nd Ave., #3		Amount 281.39
City Homestead	State FL	Zip Code 33030
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Transaction ID : D340249
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature _____ Date 12 / 04 / 2012

[Electronically Filed]

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Guadalupe Delacruz		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 344 NW 2nd Ave., #3		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead	State FL	
Zip Code 33030	Transaction ID : D340250	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Guadalupe Delacruz		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 344 NW 2nd Ave., #3		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead	State FL	
Zip Code 33030	Transaction ID : D340251	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Micheline Dore		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 740 NW 5 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33034		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D340257

Full Name (Last, First, Middle Initial) of Payee Micheline Dore		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 740 NW 5 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33034		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D340259

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Micheline Dore		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 740 NW 5 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City Homestead State FL Zip Code 33034		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340261

Full Name (Last, First, Middle Initial) of Payee Joseph Dorsinvil		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 25920 SW 143 Ct, # 313		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City Homestead State FL Zip Code 33032		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340262

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Joseph Dorsinvil		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 25920 SW 143 Ct, # 313		Amount 281.39	
City Homestead	State FL	Zip Code 33032	Transaction ID : D340264
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Joseph Dorsinvil		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 25920 SW 143 Ct, # 313		Amount 281.39	
City Homestead	State FL	Zip Code 33032	Transaction ID : D340265
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Maira Gaspar	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address 328 NW 5th Ave.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
City Homestead State FL Zip Code 33030	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 281.39 </div>
Transaction ID : D340266	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 2759696.52 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Maira Gaspar	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address 328 NW 5th Ave.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
City Homestead State FL Zip Code 33030	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 281.39 </div>
Transaction ID : D340267	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 294056.50 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Gihan Perera
 Signature _____ [Electronically Filed] Date MM / DD / YYYY

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Maira Gaspar		Date 10 / 16 / 2012
Mailing Address 328 NW 5th Ave.		Amount 281.39
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Transaction ID : D340268
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>26</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 171014.85		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Maritza Gonzalez		Date 10 / 16 / 2012
Mailing Address 12211 SW 264 St.		Amount 281.39
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Transaction ID : D340270
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature _____ Date 12 / 04 / 2012

[Electronically Filed]

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Maritza Gonzalez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 12211 SW 264 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33032	Transaction ID : D340271	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Maritza Gonzalez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 12211 SW 264 St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33032	Transaction ID : D340272	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Sarai Hernandez		Date 10 / 16 / 2012
Mailing Address 19541 SW 378th Lane		Amount 281.39
City Homestead	State FL	
Zip Code 33034	Transaction ID : D340273	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sarai Hernandez		Date 10 / 16 / 2012
Mailing Address 19541 SW 378th Lane		Amount 281.39
City Homestead	State FL	
Zip Code 33034	Transaction ID : D340275	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Sarai Hernandez		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 19541 SW 378th Lane		Amount 281.39
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: <u>26</u>
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D340277

Full Name (Last, First, Middle Initial) of Payee Adriana Ibanez		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 1062 NW 12 St.		Amount 281.39
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D340279

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Adriana Ibanez		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1062 NW 12 St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City State Zip Code Homestead FL 33030	Transaction ID : D340280	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Adriana Ibanez		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1062 NW 12 St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City State Zip Code Homestead FL 33030	Transaction ID : D340282	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Elena Loarca		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1010 NE 9th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340284

Full Name (Last, First, Middle Initial) of Payee Elena Loarca		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1010 NE 9th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340285

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Elena Loarca		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 16 / 2012 </div>
Mailing Address 1010 NE 9th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">281.39</div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340286

Full Name (Last, First, Middle Initial) of Payee Robert Mentor		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 16 / 2012 </div>
Mailing Address 277 NE 9th Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">281.39</div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340290

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Robert Mentor		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 16 / 2012
Mailing Address 277 NE 9th Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">281.39</div>
City Homestead	State FL	
Zip Code 33030	Transaction ID : D340292	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Robert Mentor		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 16 / 2012
Mailing Address 277 NE 9th Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">281.39</div>
City Homestead	State FL	
Zip Code 33030	Transaction ID : D340293	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">171014.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Jaime Novoa		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1144NE 1 Terr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340298

Full Name (Last, First, Middle Initial) of Payee Jaime Novoa		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1144NE 1 Terr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340299

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Jaime Novoa		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 1144NE 1 Terr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">281.39</div>
City Homestead	State Zip Code FL 33030	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">171014.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340300

Full Name (Last, First, Middle Initial) of Payee Felecia O'Neal		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 405 SW 7th Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">281.39</div>
City Homestead	State Zip Code FL 33034	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340301

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M / D D / Y Y Y Y Y Y 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Felecia O'Neal		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 405 SW 7th Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City State Zip Code Homestead FL 33034	Transaction ID : D340302	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Felecia O'Neal		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 405 SW 7th Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City State Zip Code Homestead FL 33034	Transaction ID : D340303	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">171014.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Leidy Perez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1201 NW 8 St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340307

Full Name (Last, First, Middle Initial) of Payee Leidy Perez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1201 NW 8 St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340308

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Leidy Perez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 1201 NW 8 St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340310

Full Name (Last, First, Middle Initial) of Payee Domingo Ramirez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 1035 NE 3rd Ave.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340315

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Domingo Ramirez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1035 NE 3rd Ave.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Domingo Ramirez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1035 NE 3rd Ave.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 281.39 </div>
City Homestead State FL Zip Code 33030		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Nicolas Rubio		Date 10 / 16 / 2012
Mailing Address 31847 SW 136th Ave.		Amount 281.39
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Transaction ID : D340320
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Nicolas Rubio		Date 10 / 16 / 2012
Mailing Address 31847 SW 136th Ave.		Amount 281.39
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Transaction ID : D340322
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature

[Electronically Filed] Date 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Nicolas Rubio		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 31847 SW 136th Ave.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead State FL Zip Code 33033		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340323

Full Name (Last, First, Middle Initial) of Payee Judith Famania		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 336 SW 3 St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead State FL Zip Code 33034		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340325

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Judith Fmania		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 336 SW 3 St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City State Zip Code Homestead FL 33034	Transaction ID : D340327	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Judith Fmania		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 336 SW 3 St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 281.39 </div>
City State Zip Code Homestead FL 33034	Transaction ID : D340329	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 171014.85 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Alex Vanegas		Date 10 / 16 / 2012
Mailing Address 450 Davis Parkway		Amount 281.39
City Homestead	State FL	Zip Code 33034
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Transaction ID : D340331
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Alex Vanegas		Date 10 / 16 / 2012
Mailing Address 450 Davis Parkway		Amount 281.39
City Homestead	State FL	Zip Code 33034
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Transaction ID : D340332
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature

[Electronically Filed] Date 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Alex Vanegas		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 450 Davis Parkway		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead	State FL	
Zip Code 33034	Transaction ID : D340333	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">171014.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Marilyn Carter		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 1320 W 11 St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville	State FL	
Zip Code 32209	Transaction ID : D340335	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">699.67</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Marilyn Carter		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1320 W 11 St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville State FL Zip Code 32209		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340337

Full Name (Last, First, Middle Initial) of Payee Devin Coleman		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 736 Odessa Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville State FL Zip Code 32206		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340340

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Devin Coleman		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 736 Odessa Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City Jacksonville	State FL	
Zip Code 32206	Transaction ID : D340341	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Keanna Hall		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 10862 Natalie Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City Jacksonville	State FL	
Zip Code 32218	Transaction ID : D340342	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Keanna Hall		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 10862 Natalie Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">418.28</div>
City Jacksonville	State FL	
Zip Code 32218	Transaction ID : D340343	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Marta Marcano		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 420 E Galvez Lane Apt 206		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">418.28</div>
City Ponte Vedra	State FL	
Zip Code 32081	Transaction ID : D340344	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature [Electronically Filed] Date

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

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Marta Marcano		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 420 E Galvez Lane Apt 206		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Ponte Vedra FL 32081	Transaction ID : D340345	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Adil McCoy		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 530 Fallen Timbers		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Orange Park FL 32073	Transaction ID : D340346	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Adil McCoy		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 530 Fallen Timbers		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Orange Park FL 32073	Transaction ID : D340348	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Orlando Reyes		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 5807 Ricker Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Jacksonville FL 32244	Transaction ID : D340349	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Orlando Reyes		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 5807 Ricker Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville	State FL Zip Code 32244	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340350

Full Name (Last, First, Middle Initial) of Payee Velma Rounville		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3238 Sedona Trail		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville	State FL Zip Code 32208	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340351

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

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

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Velma Rounville		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3238 Sedona Trail		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville	State FL	
Zip Code 32208	Transaction ID : D340352	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Troy Squire		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1356 W 32 Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville	State FL	
Zip Code 32209	Transaction ID : D340353	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Troy Squire		Date <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1356 W 32 Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City Jacksonville	State FL Zip Code 32209	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340354

Full Name (Last, First, Middle Initial) of Payee Cameron Starkes		Date <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3919 Robert C Weaver Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City Jacksonville	State FL Zip Code 32208	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340355

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Cameron Starkes		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3919 Robert C Weaver Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville State FL Zip Code 32208		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Ellis White		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 5571 Longspur Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Jacksonville State FL Zip Code 32219		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M / D D / Y Y Y Y Y Y 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Ellis White		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 5571 Longspur Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City Jacksonville	State FL Zip Code 32219	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340360

Full Name (Last, First, Middle Initial) of Payee Maria Acevedo		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2121 SW 2 Street Apt 7		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>
City Miami	State FL Zip Code 33135	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340361

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Maria Acevedo		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2121 SW 2 Street Apt 7		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City State Zip Code Miami FL 33135		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340362

Full Name (Last, First, Middle Initial) of Payee Lubby Arguello		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1567 SW 4 Street Apt 10		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City State Zip Code Miami FL 33135		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340364

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Lubby Arguello		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 1567 SW 4 Street Apt 10		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City Miami State FL Zip Code 33135		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340365

Full Name (Last, First, Middle Initial) of Payee Marie Camy		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2131 NE Miami Gardens Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City North Miami Beach State FL Zip Code 33179		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340367

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Marie Camy		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2131 NE Miami Gardens Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City North Miami Beach	State FL Zip Code 33179	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340368

Full Name (Last, First, Middle Initial) of Payee Lawrence Cuervo		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 15705 Miami Lakeway N		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City Miami Lakes	State FL Zip Code 33014	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340369

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 836.56 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Lawrence Cuervo		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 15705 Miami Lakeway N		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City Miami Lakes	State FL	
Zip Code 33014	Transaction ID : D340370	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Keren Frederick		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 1341 NE 143 Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City Miami	State FL	
Zip Code 33161	Transaction ID : D340371	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Keren Frederick		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 1341 NE 143 Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City Miami	State FL	
Zip Code 33161	Transaction ID : D340372	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Rochelle Jackson		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address PO Box 380265		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City Miami	State FL	
Zip Code 33238	Transaction ID : D340373	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Signature Gihan Perera
Date MM / DD / YYYY 12 / 04 / 2012

[Electronically Filed]

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Rochelle Jackson	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address PO Box 380265	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33238</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33238				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340374

Full Name (Last, First, Middle Initial) of Payee Johann Joseph	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 2131 NE Miami Gardens Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>North Miami Beach</td> <td>FL</td> <td>33179</td> </tr> </table>		City	State	Zip Code	North Miami Beach	FL
City	State	Zip Code				
North Miami Beach	FL	33179				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340375

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Johann Joseph		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2131 NE Miami Gardens Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code North Miami Beach FL 33179	Transaction ID : D340376	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Thamara LaCruz		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 21325 NE 8 Place #1K		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Miami FL 33179	Transaction ID : D340377	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Thamara LaCruz		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 21325 NE 8 Place #1K		Amount 418.28
City Miami	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Transaction ID : D340378
Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gennary Merchan		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 12990 SW 63 Ter. Apt 606		Amount 418.28
City Miami	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Transaction ID : D340379
Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Gennary Merchan		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 12990 SW 63 Ter. Apt 606		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Miami FL 33183	Transaction ID : D340380	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Harold Pendas		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1222 NW 58 ST		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City State Zip Code Miami FL 33142	Transaction ID : D340381	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Harold Pendas		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1222 NW 58 ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Miami FL 33142		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340382

Full Name (Last, First, Middle Initial) of Payee Rossana Torres		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 8820 Fontainebleau Blvd Apt 206		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City State Zip Code Miami FL 33172		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340383

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Rossana Torres	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>					
Mailing Address 8820 Fontainebleau Blvd Apt 206	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33172</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33172				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340384

Full Name (Last, First, Middle Initial) of Payee Louikens Toussaint	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>					
Mailing Address 429 NW 84 Terrace	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33150</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33150				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340385

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Louikens Toussaint		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 429 NW 84 Terrace		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City Miami	State FL	
Zip Code 33150	Transaction ID : D340386	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Maria Zavala		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 12641 Sw 35 Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City Miami	State FL	
Zip Code 33175	Transaction ID : D340387	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Maria Zavala		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 12641 Sw 35 Street		Amount 418.28
City Miami	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Transaction ID : D340388
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 294056.50		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Larniece Alexander-Weisz		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 5436 Eugeneia Court		Amount 160.47
City Orlando	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Transaction ID : D340389
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	578.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	_____
(c) TOTAL Independent Expenditures.....▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Larniece Alexander-Weisz		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 5436 Eugeneia Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32811	Transaction ID : D340390	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Larniece Alexander-Weisz		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 5436 Eugeneia Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32811	Transaction ID : D340391	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3796.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

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

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Dionne Allen		Date 10 / 16 / 2012
Mailing Address 12303 Bohannon Blvd		Amount 160.47
City Orlando	State FL	Zip Code 32824
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Dionne Allen		Date 10 / 16 / 2012
Mailing Address 12303 Bohannon Blvd		Amount 160.47
City Orlando	State FL	Zip Code 32824
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Dionne Allen	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 12303 Bohannon Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 160.47 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32824</td> </tr> </table>		City	State	Zip Code	Orlando	FL
City	State	Zip Code				
Orlando	FL	32824				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10				
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 3796.82 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

Transaction ID : D340394

Full Name (Last, First, Middle Initial) of Payee Pilar Burgos	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 4214 Pershing Pointe Place #3	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 160.47 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32822</td> </tr> </table>		City	State	Zip Code	Orlando	FL
City	State	Zip Code				
Orlando	FL	32822				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

Transaction ID : D340395

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Pilar Burgos		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 4214 Pershing Pointe Place #3		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32822	Transaction ID : D340396	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Pilar Burgos		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 4214 Pershing Pointe Place #3		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32822	Transaction ID : D340397	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M / D D / Y Y Y Y Y Y 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Linda Echeverria		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 11305 Spining Reel		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32852	Transaction ID : D340399	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Linda Echeverria		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 11305 Spining Reel		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32852		Transaction ID : D340400
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> _____ </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Linda Echeverria		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 11305 Spining Reel		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Orlando FL 32852		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340401

Full Name (Last, First, Middle Initial) of Payee Emanuel Glenn		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 6723 Stardust Lane		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Orlando FL 32818		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340402

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Emanuel Glenn		Date 10 / 16 / 2012
Mailing Address 6723 Stardust Lane		Amount 160.47
City Orlando	State FL	Zip Code 32818
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Emanuel Glenn		Date 10 / 16 / 2012
Mailing Address 6723 Stardust Lane		Amount 160.47
City Orlando	State FL	Zip Code 32818
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature

[Electronically Filed] Date 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Evon Hammond		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3137 Floral Way East		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Apopka FL 32703	Transaction ID : D340405	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Evon Hammond		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3137 Floral Way East		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Apopka FL 32703	Transaction ID : D340406	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">320.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Evon Hammond		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3137 Floral Way East		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>
City Apopka	State FL	
Zip Code 32703	Transaction ID : D340407	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3796.82 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Justin Conner Jones		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2115 River Tree Circle		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>
City Orlando	State FL	
Zip Code 32839	Transaction ID : D340412	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Justin Conner Jones		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2115 River Tree Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32839		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340414

Full Name (Last, First, Middle Initial) of Payee Justin Conner Jones		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2115 River Tree Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32839		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340415

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Cartine Obas		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City Orlando State FL Zip Code 32835		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Cartine Obas		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City Orlando State FL Zip Code 32835		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 320.94 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Cartine Obas		Date 10 / 16 / 2012
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount 160.47
City Orlando	State FL	Zip Code 32835
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Charles Obas		Date 10 / 16 / 2012
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount 160.47
City Orlando	State FL	Zip Code 32835
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	[]
(c) TOTAL Independent Expenditures.....	[]

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Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee Charles Obas		Date 10 / 16 / 2012
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount 160.47
City Orlando	State FL	Zip Code 32835
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340420

Full Name (Last, First, Middle Initial) of Payee Charles Obas		Date 10 / 16 / 2012
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount 160.47
City Orlando	State FL	Zip Code 32835
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340421

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature [Electronically Filed] Date 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee David O'Conner		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 526 S Hampton Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>
City Orlando	State FL	
Zip Code 32803	Transaction ID : D340423	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee David O'Conner		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 526 S Hampton Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>
City Orlando	State FL	
Zip Code 32803	Transaction ID : D340424	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee David O'Conner		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 526 S Hampton Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>
City Orlando	State FL	
Zip Code 32803	Transaction ID : D340425	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3796.82 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Gabriela Ortega		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3732 Aldergate Pl.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>
City Casselberry	State FL	
Zip Code 32707	Transaction ID : D340428	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Gabriela Ortega		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3732 Aldergate Pl.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Casselberry FL 32707	Transaction ID : D340431	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Gabriela Ortega		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3732 Aldergate Pl.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Casselberry FL 32707	Transaction ID : D340432	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">320.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>	

Full Name (Last, First, Middle Initial) of Payee Jonathan Ortega		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
Mailing Address 3732 Aldergate PL		Amount <input type="text" value="160.47"/>
City Casselberry	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <input type="text" value="001"/>	Transaction ID : D340434
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="2759696.52"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jonathan Ortega		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
Mailing Address 3732 Aldergate PL		Amount <input type="text" value="160.47"/>
City Casselberry	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <input type="text" value="001"/>	Transaction ID : D340437
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="294056.50"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text" value="320.94"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature _____ Date / /

[Electronically Filed]

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Jonathan Ortega		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 3732 Aldergate PL		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City State Zip Code Casselberry FL 32707	Transaction ID : D340438	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Eric Pagan		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 290 Augustine Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City State Zip Code Oviedo FL 32765	Transaction ID : D340441	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Eric Pagan		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 290 Augustine Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">160.47</div>
City Oviedo	State FL	
Zip Code 32765	Transaction ID : D340442	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Eric Pagan		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 290 Augustine Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">160.47</div>
City Oviedo	State FL	
Zip Code 32765	Transaction ID : D340443	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">3796.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">320.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Benjamin Pusey		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 4150 Eastgate Ave #7108		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32839		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Benjamin Pusey		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 4150 Eastgate Ave #7108		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando State FL Zip Code 32839		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Benjamin Pusey		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 4150 Eastgate Ave #7108		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City State Zip Code Orlando FL 32839	Transaction ID : D340446	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Diego Renteria		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 430 Green Spring Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City State Zip Code Winter Springs FL 32708	Transaction ID : D340447	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Diego Renteria		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 430 Green Spring Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">160.47</div>
City Winter Springs	State FL	
Zip Code 32708	Transaction ID : D340448	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Diego Renteria		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 430 Green Spring Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">160.47</div>
City Winter Springs	State FL	
Zip Code 32708	Transaction ID : D340449	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3796.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">320.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Gihan Perera

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Audeliz Sanchez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3104 Orchard Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City State Zip Code Kissimee FL 34743		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Audeliz Sanchez		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3104 Orchard Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City State Zip Code Kissimee FL 34743		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Audeliz Sanchez	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 3104 Orchard Place	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Kissimmee</td> <td>FL</td> <td>34743</td> </tr> </table>		City	State	Zip Code	Kissimmee	FL
City	State	Zip Code				
Kissimmee	FL	34743				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10				
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3796.82 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

Transaction ID : D340452

Full Name (Last, First, Middle Initial) of Payee Damon Taylor	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 10 Eaton Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 160.47 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Eatonville</td> <td>FL</td> <td>32751</td> </tr> </table>		City	State	Zip Code	Eatonville	FL
City	State	Zip Code				
Eatonville	FL	32751				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

Transaction ID : D340453

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Damon Taylor	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 10 Eaton Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Eatonville</td> <td>FL</td> <td>32751</td> </tr> </table>		City	State	Zip Code	Eatonville	FL
City	State	Zip Code				
Eatonville	FL	32751				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340454

Full Name (Last, First, Middle Initial) of Payee Damon Taylor	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 10 Eaton Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Eatonville</td> <td>FL</td> <td>32751</td> </tr> </table>		City	State	Zip Code	Eatonville	FL
City	State	Zip Code				
Eatonville	FL	32751				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10				
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 3796.82 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340455

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Antrenic Williams		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3070 Malcolm Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Deltona FL 32738	Transaction ID : D340456 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		
Calendar Year-To-Date Per Election for Office Sought 2759696.52		

Full Name (Last, First, Middle Initial) of Payee Antrenic Williams		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3070 Malcolm Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Deltona FL 32738	Transaction ID : D340457 Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		
Calendar Year-To-Date Per Election for Office Sought 294056.50		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">320.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Antrenic Williams		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3070 Malcolm Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City State Zip Code Deltona FL 32738		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340458

Full Name (Last, First, Middle Initial) of Payee Sterling Williams		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3115 Houndsworth Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City State Zip Code Orlando FL 32837		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D340459

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Sterling Williams		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3115 Houndsworth Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Orlando FL 32837		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Sterling Williams		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3115 Houndsworth Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City State Zip Code Orlando FL 32837		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3796.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">320.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Maxxwell Wright	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 2424 Barkwater Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 160.47 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32839</td> </tr> </table>		City	State	Zip Code	Orlando	FL
City	State	Zip Code				
Orlando	FL	32839				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340462

Full Name (Last, First, Middle Initial) of Payee Maxxwell Wright	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 2424 Barkwater Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 160.47 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32839</td> </tr> </table>		City	State	Zip Code	Orlando	FL
City	State	Zip Code				
Orlando	FL	32839				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D340463

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera

Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Maxxwell Wright		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2424 Barkwater Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 160.47 </div>
City Orlando	State FL	
Zip Code 32839	Transaction ID : D340464	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 3796.82 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Kerline Cambronne		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2861 Somerset Drive #112		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 316.88 </div>
City Fort Lauderdale	State FL	
Zip Code 33311	Transaction ID : D340465	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 477.35 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Kerline Cambronne	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 2861 Somerset Drive #112	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 316.88 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Fort Lauderdale</td> <td>FL</td> <td>33311</td> </tr> </table>		City	State	Zip Code	Fort Lauderdale	FL
City	State	Zip Code				
Fort Lauderdale	FL	33311				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Full Name (Last, First, Middle Initial) of Payee Alexis Cartland	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>					
Mailing Address 6492 Emerald Dunes Drive # 305	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 316.88 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>West Palm Beach</td> <td>FL</td> <td>33411</td> </tr> </table>		City	State	Zip Code	West Palm Beach	FL
City	State	Zip Code				
West Palm Beach	FL	33411				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 633.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

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12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Alexis Cartland		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 6492 Emerald Dunes Drive # 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 316.88 </div>
City State Zip Code West Palm Beach FL 33411	Transaction ID : D340469	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Kathy Dent		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 1834 SE Aneci Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 316.88 </div>
City State Zip Code Port Saint Lucie FL 34983	Transaction ID : D340471	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 633.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Kathy Dent		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 1834 SE Aneci Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">316.88</div>
City Port Saint Lucie	State FL	
Zip Code 34983	Transaction ID : D340472	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Sarah Halper		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 709 S D Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">316.88</div>
City Lake Worth	State FL	
Zip Code 33460	Transaction ID : D340473	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">633.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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Gihan Perera

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Sarah Halper		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 709 S D Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 316.88 </div>
City State Zip Code Lake Worth FL 33460		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340474

Full Name (Last, First, Middle Initial) of Payee Sandy Hector		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 4330 Village Drive #B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 316.88 </div>
City State Zip Code Delray FL 33445		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340475

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 633.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Sandy Hector		Date <div style="display: flex; justify-content: space-around;"> 10 / 16 / 2012 </div>
Mailing Address 4330 Village Drive #B		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">316.88</div>
City State Zip Code Delray FL 33445		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340476

Full Name (Last, First, Middle Initial) of Payee Tony Patterson		Date <div style="display: flex; justify-content: space-around;"> 10 / 16 / 2012 </div>
Mailing Address 1638 Bresee Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">316.88</div>
City State Zip Code West Palm Beach FL 33415		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340477

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">633.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera
 Signature _____ [Electronically Filed] Date 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Tony Patterson		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 1638 Bresee Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">316.88</div>
City West Palm Beach	State FL	
Zip Code 33415	Transaction ID : D340478	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Louis Porteous		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 3059 SE Amherst Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">316.88</div>
City Stuart	State FL	
Zip Code 34997	Transaction ID : D340479	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">633.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Louis Porteous	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address 3059 SE Amherst Street	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
City State Zip Code Stuart FL 34997	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 316.88 </div>
Transaction ID : D340480	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Category/Type 001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 294056.50 </div>

Full Name (Last, First, Middle Initial) of Payee Brian Quillen	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address 232 Parkwood Drive S	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
City State Zip Code West Palm Beach FL 33411	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 316.88 </div>
Transaction ID : D340481	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Category/Type 001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2759696.52 </div>

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 633.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Brian Quillen		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 232 Parkwood Drive S		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 316.88 </div>
City State Zip Code West Palm Beach FL 33411	Transaction ID : D340482	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Robert Richardson		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2352 Z Terrace		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 316.88 </div>
City State Zip Code Riviera Beach FL 33404	Transaction ID : D340483	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 633.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Robert Richardson		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2352 Z Terrace		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 316.88 </div>
City State Zip Code Riviera Beach FL 33404	Transaction ID : D340485	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Yettie Thompkins		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 414 Lincoln Rd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 316.88 </div>
City State Zip Code Cocoa FL 32926	Transaction ID : D340486	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 633.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Yettie Thompkins		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 414 Lincoln Rd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">316.88</div>
City Cocoa	State FL	
Zip Code 32926	Transaction ID : D340487	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee John Tracey		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 2812 Genessee Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">316.88</div>
City West Palm Beach	State FL	
Zip Code 33409	Transaction ID : D340488	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">633.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee John Tracey		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2812 Genessee Ave		Amount 316.88	
City West Palm Beach	State FL	Zip Code 33409	Transaction ID : D340489
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Frankisha Walker		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3414 34th Way		Amount 316.88	
City West Palm Beach	State FL	Zip Code 33407	Transaction ID : D340491
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	633.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		M M / D D / Y Y Y Y Y Y 10 / 18 / 2012	

Full Name (Last, First, Middle Initial) of Payee
Frankisha Walker

Date
M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address **3414 34th Way**

Amount
316.88

City State Zip Code
West Palm Beach FL 33407

Transaction ID : **D340492**

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/Type
001

Office Sought: House State: **FL**
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
294056.50

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Muslim Ali

Date
M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address **6513 Yellow Hammer Ave**

Amount
418.28

City State Zip Code
Tampa FL 33025

Transaction ID : **D340493**

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/Type
001

Office Sought: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2759696.52

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	735.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Muslim Ali		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 6513 Yellow Hammer Ave		Amount 418.28
City Tampa	State FL Zip Code 33025	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type 001		
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Khaim Jack Cousineau		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 2326 E 111 Avenue		Amount 418.28
City Tampa	State FL Zip Code 33612	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Category/Type 001		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	[]
(c) TOTAL Independent Expenditures.....	[]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Khaim Jack Cousineau		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 2326 E 111 Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Tampa	State FL	
Zip Code 33612	Transaction ID : D340496	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Alissah Depiro		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 3721 Mission Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Largo	State FL	
Zip Code 33771	Transaction ID : D340497	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Alissah Depiro	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>					
Mailing Address 3721 Mission Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Largo</td> <td>FL</td> <td>33771</td> </tr> </table>		City	State	Zip Code	Largo	FL
City	State	Zip Code				
Largo	FL	33771				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Full Name (Last, First, Middle Initial) of Payee Savanah Goodland	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>					
Mailing Address 14501 Audubon Trail #706	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Tampa</td> <td>FL</td> <td>33613</td> </tr> </table>		City	State	Zip Code	Tampa	FL
City	State	Zip Code				
Tampa	FL	33613				
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
 12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Savanah Goodland		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 16 / 2012</div>
Mailing Address 14501 Audubon Trail #706		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Tampa	State FL	
Zip Code 33613	Transaction ID : D340500	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Sarah Hagemen		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 16 / 2012</div>
Mailing Address 6341 Halifax Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City New Port Richey	State FL	
Zip Code 34653	Transaction ID : D340501	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature _____ [Electronically Filed] Date

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

12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Sarah Hagemen		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 6341 Halifax Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>
City New Port Richey	State Zip Code FL 34653	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Charles Jefferson		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 8515 River Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>
City Tampa	State Zip Code FL 33615	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera [Electronically Filed] Date

Signature

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Charles Jefferson		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 8515 River Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>
City Tampa	State FL	
Zip Code 33615	Transaction ID : D340504	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Jonathan Juges		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 2326 E 111 Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>
City Tampa	State FL	
Zip Code 33612	Transaction ID : D340505	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Jonathan Juges		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2326 E 111 Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City Tampa	State FL	
Zip Code 33612	Transaction ID : D340507	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Jonathan Obas		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 6372 Raleigh Street Apt 1904		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City Orlando	State FL	
Zip Code 32835	Transaction ID : D340508	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 18 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Jonathan Obas		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 6372 Raleigh Street Apt 1904		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City Orlando	State FL	
Zip Code 32835	Transaction ID : D340509	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Hiondy Polanco		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 2326 E 111 Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">418.28</div>
City Tampa	State FL	
Zip Code 33612	Transaction ID : D340510	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Hiondy Polanco		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 2326 E 111 Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>
City Tampa	State FL	
Zip Code 33612	Transaction ID : D340511	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Jonathan Romero		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 10 / 16 / 2012</div>
Mailing Address 1101 Arboleda Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>
City Tampa	State FL	
Zip Code 33664	Transaction ID : D340512	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Jonathan Romero		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1101 Arboleda Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City Tampa State FL Zip Code 33664		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340513

Full Name (Last, First, Middle Initial) of Payee Mable Smith		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 4203 Arch		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 418.28 </div>
City Tampa State FL Zip Code 33607		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340514

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Mable Smith		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 4203 Arch		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Tampa	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D340515

Full Name (Last, First, Middle Initial) of Payee Karla Taylor		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 1009 S Bayshore Blvd #202		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">418.28</div>
City Safety Harbor	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D340516

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Karla Taylor		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 1009 S Bayshore Blvd #202		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>
City Safety Harbor	State FL	
Zip Code 34695	Transaction ID : D340517	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">294056.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Sadye Vassil		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 16 / 2012</div>
Mailing Address 355 8 Avenue #9H		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">418.28</div>
City New York	State NY	
Zip Code 10001	Transaction ID : D340518	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2759696.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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Gihan Perera

Signature [Electronically Filed] Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Sadye Vassil		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 355 8 Avenue #9H		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City New York	State NY	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340519

Full Name (Last, First, Middle Initial) of Payee Brandon Williams		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 6720 S Lois Avenue Apt 8102		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City Tampa	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 2759696.52 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D340521

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Gihan Perera

Signature [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER C C00521013
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Brandon Williams		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 6720 S Lois Avenue Apt 8102		Amount 418.28
City Tampa	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Transaction ID : D340522
Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294056.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Nathan Williams		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 6720 S Lois Avenue		Amount 418.28
City Tampa	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Transaction ID : D340523
Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2759696.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 18 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Nathan Williams		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 16 / 2012 </div>
Mailing Address 6720 S Lois Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
City Tampa	State FL	
Zip Code 33616	Transaction ID : D340524	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 294056.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
City	State	
Zip Code	Transaction ID : D340524	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 418.28 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 90670.95 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature [Electronically Filed] Date

MM / DD / YYYY
12 / 04 / 2012