				E E		-
I FEC FORM 3	AND DI	T OF REC SBURSEN Authorized Com	MENTS		RECEI FEC MAIL 0m2016 JAN - 7	CENTER
1. NAME OF COMMITTEE (in	TYPE OR PRI		ample: If typing, type er the lines.			
Maitt Fie	n Longre	s s FL-1	<u>2, , , , , , , , , , , , , , , , , , , </u>	<u></u>		
ADDRESS (number a		81 Wii 1 510	n Biliridi			
Check if di than previo reported. (/	1 . AA	ry kitioiwin			19.6.0.4-	
2. FEC IDENTIFIC		СПҮ	<b>E</b> Ø		ZIP CODE STATE ▼	DISTRICT
<u>C[0.05</u>	<u>4 3 0 0 9</u>	3. IS THIS REPORT	(N) OR	(A)	ED FL	22
(a) Quarterly R D April 1 D July 15	PORT (Choose One) Reports: 5 Quarterly Report (Q1) 5 Quarterly Report (Q2) er 15 Quarterly Report (Q3) y 31 Year-End Report (YE)	Election on	Election Report for the Primary (12P) Convention (12C)	General (12 Special (12 ) / / / / / / / / / / / / / / / / / / /		off (12R)
<b>7</b>	ation Report (TER)	(c) 30-Day <b>POS</b>	T-Election Report for General (30G)	r the:	R) <b>D</b> Spec in the State of	sial (30S)
5. Covering Period		1 2 0 1 J	through	<u>12/57</u> /	<u>a.o.) s</u>	
I certify that I have a Type or Print Name Signature of Treasum	Mas	to the best of my kn hew Schnac.	1. 1	t is true, correct and	complete.	5.1.Š
-	false, erroneous, or incomp	lete information may	subject the person sig		e penalties of 2 U.S. FEC FORM (Revised 02/2003	3 1

Γ	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	Page 2
v -	Vrite or Type Committee Name Ma H For Congress FL	-11	· · ·
R		O'ET' <u>Ačiš</u>	
	· · · · · · · · · · · · · · · · · · ·	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	20,19	6.1.2.3.5
	(b) Total Contribution Refunds (from Line 20(d))	0.0.0	0,00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	20,1.9	<u> </u>
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)		
	(b) Total Offsets to Operating Expenditures (from Line 14)	<u></u> 0.0.0]	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		<u> </u>
8.`	Cash on Hand at Close of Reporting Period (from Line 27)	356.8.9	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0	· · · · · ·
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0	

## For further information contact:

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

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

1	TAILED SUMMARY PAGE of Receipts	Page 3
FEC Form 3 (Revised 12/2003)		
Write or Type Committee Name Mall For Congress Fl	1-11	·
	2 CT ( 2015) TO	a / 1 / 20/5
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than		
Political Committees		15600
(i) Itemized (use Schedule A)	<u> </u>	
(ii) Uniternized	/_0.00	3.02.00
(iii) TOTAL of contributions		<u>A</u> <u>C</u> <u>R</u> <u>O</u> <u>C</u>
from individuals	<u></u>	<u></u>
(b) Political Party Committees	0.00	0.0 D
(c) Other Political Committees	000	$\mathcal{D}$ of
(such as PACs)		
(d) The Candidate	1.0.1.9	65.93.51
(e) TOTAL CONTRIBUTIONS (other than loans)		
(add Lines 11(a)(iii), (b), (c), and (d)).	20.19	161235
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.0.0
13. LOANS: (a) Made or Guaranteed by the		
Candidate	0.00	0.00
(b) All Other Leave	0 00	000
(b) All Other Loans		
(add Lines 13(a) and (b))		$\underline{ 0.0.0}$
14. OFFSETS TO OPERATING		
EXPENDITURES		
(Refunds, Rebates, etc.)		
15. OTHER RECEIPTS		
(Dividends, Interest, etc.)		<u> </u>
16. TOTAL RECEIPTS (add Lines		
11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	2019	1,612.35
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	······································

2016-01-07-03-00037149

Г —	FEC Form 3 (Revised 02/2003)	DETAILED SUMMARY PAGE of Disbursements	Page 4
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	,,,,,,_,_,_,_,,_,,,,,,,,	<u> </u>
1 <b>8</b> .	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	<u> </u>
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.0.0	<u> </u>
	(b) Of All Other Loans	<u> </u>	0,00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0,0.0	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.0.0	<u> </u>
	(b) Political Party Committees	D.0.0	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.0.0
-	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	O.00	000
21.	OTHER DISBURSEMENTS	0.00	3.7.6.3
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1120	176546
		<u>[</u>	

## III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	3.4.7.9.8
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	20.1.9
25.	SUBTOTAL (add Line 23 and Line 24)	3.6.8.1.7
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	128
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	3.5.6.8.9
-		

-	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	•	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE / OF / (check only one)
	· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	12 13a 13b 14 15
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements m name and	hay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Mat For Conscess	FL	-11	
¥	Full Name (Last, First, Middle Initial)			
Α.	Mailing Address			Date of Receipt
	City	State	Zip Code	
<i>.</i>	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation	ו	
	Receipt For: Primary General Other (specify)	Election C		
	Full Name (Last, First, Middle Initial)			
B.	Mailing Address			
	City	State	Zlp Code	
•	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	
	Receipt For:	Election C	ycle-to-Date	
	Primary General Other (specify)		5 <sup>1</sup> <sup>1</sup> Δ <sup>-1</sup> <sup>2</sup>	
	Full Name (Last, First, Middle Initial)			Date of Receipt
с.	Malling Address		· ,	
	City	State	Zlp Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Receipt For:	Election C	ycle-to-Date	<b>-</b>
	Other (specify)		<u>, j</u>	
s	UBTOTAL of Receipts This Page (optional)			0.0.0
	OTAL This Period (last page this line number o			[,,,]

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			Detailed Summary Page	12 13a 13b 14 15
Ar or	y Information copied from such Reports and S for commercial purposes, other than using the	e to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	es f	-L-11	· · · ·
Ľ	Full Name (Last, First, Middle Initial)		- to de	
Α.				Date of Receipt
	Mailing Address			
	City	State	Zip Code	
				····
	FEC ID number of contributing		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	federal political committee.	C		Amount of Each Receipt this Period
•	Name of Employer	Occupation	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		•	
	Receipt For:	Election C	ycle-to-Date	
	Primary General			
	Other (specify)		<u></u>	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address	•		MILMI / DOGD / PRIVATION
	City	State	Zip Code	
			<b>r</b>	· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing			
·	federal political committee.		<u></u>	Amount of Each Receipt this Period
	Name of Employer	Occupation	<u> </u>	
			•	
	Receipt For:	Election C	ycle-to-Date	
	Primary General Other (specify)			
	· · · · · · · · · · · · · · · · · · ·	Caracteria Cara	5	
	Full Name (Last, First, Middle Initial)			
C.	Mailing Address	•		Date of Receipt
	INITIALITY INTERPORT			Mem, bro, terred
	Ċity	State	Zip Code	- berned because becaused
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	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	reaerar pointear committee.		<u></u>	
	Name of Employer	Occupation	l .	
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	Primary General		vcle-to-Date	
	Other (specify)			
_		Constant Const		· · · · · · · · · · · · · · · · · · ·
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Mathematical Full Name (Last, First, Middle Initial)		to solicit contributions from such committee.
Α.	Mailing Address City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee.	Occupation	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
в.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)		
Ċ.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)		
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>

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Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	ants may not be sold or used by any po and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Made For Cingrass F Full Name (Last, First, Middle Initial)	-L-12	
A. Schnackenberg, Matthew, J		Date of Receipt
Malling Address <u>160 18 Wilson Blvd</u> City Masaryktown FC	· · · · · · · · · · · · · · · · · · ·	[]] ( <u>3</u> ] ( <u>20</u> ] 5
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
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Receipt For:     Elect       Primary     General       Other (specify)		In-Kind
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City Sta	te Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Primary General		
Full Name (Last, First, Middle Initial) C.		Date of Receipt
City Sta	te Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occu	pation	
Receipt For:     Elect       Primary     General       Other (specify)	ion Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional)		<u>, , , , , 0, , 9</u>
TOTAL This Period (last page this line number only)		1.0.1.9

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Any information copied from such Reports and S or for commercial purposes, other than using the		be sold or used by any p	$ \chi 12$   13a   13b   14   15 erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Matt For Congres.			· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)					
			Date of Receipt		
A. Mailing Address					
City	State Zi	p Code			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer	Occupation	· · · · · · · · · · · · · · · · · · ·			
Receipt For:	Election Cycle-to	-Date			
Other (specify)		· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		Date of Receipt		
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City	State Zi	p Code			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer	Occupation	· .			
Receipt For:	Election Cycle-to	-Date			
Primary General Other (specify)					
Full Name (Last, First, Middle Initial)					
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federal political committee.			Amount of Each Receipt this Period		
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         11a         11b         11c         11d           11a         11b         11c         11d         11d           12         13a         13b         14         15
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Mat For Lungress F	L-11	
Full Name (Last, First, Middle Initial) A.		Date of Receipt
Malling Address	•	
City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer , Occupat	ion .	
Receipt For:     Election       Primary     General       Other (specify)	Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		
City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupat	lon	
	Cycle-to-Date	
Other (specify)		1
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
C. Mailing Address		
City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupat	lon	
Primary General Other (specify)		
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SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF ) (check only one)	
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any information or for commercia	copied from such Reports and S al purposes, other than using the	Statements mane and	hay not be sold or used by any p address of any political committee	person for the purpose of soliciting contributions to solicit contributions from such committee.
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Full Name (La	st, First, Middle Initial)			· ·
A. Mailing Addre	\$S			
City		State	Zip Code	
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Receipt For:		Election C	ycle-to-Date	
Other (s			، بې د بې	
_	st, First, Middle Initial)			Date of Receipt
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Other (s	pecify)	Land and an	<u>معمد معمد المعمد الم</u>	
Full Name (La	st, First, Middle Initial)			Date of Receipt
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Name of Emp	loyer	Occupation	ı	
Receipt For:		Election C	ycle-to-Date	-
Primary Other (s	pecify)		5- <b>^</b> /2 <b>-</b> 5- <b>/</b> 2 <b>-</b> /2	
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports and Statements	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE / OF / O
NAME OF COMMITTEE (In Full) Math For Consress Fi	d address of any political committe	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Malling Address City State	Zip Code	- Date of Receipt
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
, Primary General Other (specify)	Cycle-to-Date	
Full Name (Last, First, Middle Initial)         B.         Mailing Address         City       State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.Image: CommitteeName of EmployerOccupation		Amount of Each Receipt this Period
Receipt For:       Election         Primary       General         Other (specify)       Image: Construction of the second s		
C. Mailing Address	Zip Code	Date of Receipt $ \begin{bmatrix} M^{M} & M \\ 0 & 0 \end{bmatrix} $
FEC ID number of contributing federal political committee.	ton	Amount of Each Receipt this Period
Receipt For:     Election       Primary     General       Other (specify)	Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional)		<u> </u>

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SCHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only one)			
IT			for each category of the Detailed Summary Page	11a 11b 11c 11d		
_			Detailed Summary rage	12 13a 13b 14 🕅 15		
	y information copied from such Reports and Sta for commercial purposes, other than using the					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	FL-1	2	· .		
. K	Full Name (Last, First, Middle Initial)			/		
А.				Date of Receipt		
	Mailing Address			LWARD & LOAD & LAAAA		
	City	State	Zlp Code			
		outo				
	FEC ID number of contributing					
	federal political committee.		-	Amount of Each Receipt this Period		
		0				
	Name of Employer	Occupation	I ·	landine free free free free free free free fr		
	Receipt For:	Election C	vcle-to-Date			
	Primary General					
	Other (specify)					
_	Full Name (Last, First, Middle Initial)					
_	rui Name (Last, First, Middle Initial)			Date of Receipt		
В.	Malling Address					
		•				
	City	State	Zlp Code			
				-		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
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	Receipt For:	Election C	ycle-to-Date	-1		
	Primary General					
	Other (specify)	l				
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~				Date of Receipt		
C.	Mailing Address		<u> </u>			
	City	C4-4-	Zle Code			
	City	State	Zlp Code			
	FEC ID number of contributing			1		
	federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer	Occupation				
		Occupation	1	Land - Carolin Caroling - Charles - Caroling		
	Receipt For:	Election C	vcle-to-Date	-		
	Primary General		•;••;••;••;••;••;••;••;••;••;••;••;••;•			
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SCHEDULE B (FEC Form 3)		FOR LINE NUMBER: PAGE   OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21			
Any information copied from such Reports and Statements r	nav not be sold or used by any				
or for commercial purposes, other than using the name and	address of any political committee	tee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Matt For Congress F	C-12	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)		Date of Disbursement			
Do Fund file com					
Mailing Address 1010 2nd Ave #1770					
City C D	Zip Code	Amount of Each Disbursement this Period			
Purpose of Disbursement					
Service Fee					
Candidate Name	Category				
Office Sought House Disbursement Fo	Туре				
Office Sought: House Disbursement Fo	·· _				
President Other (	specify)				
State: District: Full Name (Last, First, Middle Initial)					
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LAPS STORE	· · · ·				
Malling Address 14391 Spring Hill Dr		Ind 12/1 d.o.1.5			
City State	Zip Code	Amount of Each Disbursement this Period			
Spring Hill FC	34601				
Pocument Shipping - In Ki	nd 001	I Letter free free free free free free free			
Candidate Name	Category, Type				
Office Sought: House Disbursement Fo	,,				
Senate Primary					
State: District: Other	specify)	- · · · ·			
Full Name (Last, First, Middle Initial)	· · ·				
С.		Date of Disbursement			
Mailing Address					
City State Z	ip Code	Amount of Each Disbursement this Period			
Purpose of Disbursement					
Candidate Name		<u>الج</u>			
	Category/ Type				
Office Sought: House Disbursement Fo					
Senate Primary President Other (					
State: District:					
SUBTOTAL of Disbursements This Page (optional)		1.2.8			
TOTAL This Period (last page this line number only)		Langengengengengengengengengengengengengen			

SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMENT	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER:     PAGE     OF       check only one)     17     18     19a     19b       20a     20b     20c     21				
NAME OF COMMITTEE (In Full) Matt For Con	ing the name and a	_	tical committe	e to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) A.		· · ·	·	Date of Disbursement			
Malling Address		· · · ·					
City	State	Zip Code	· · · · ·	Amount of Each Disbursement this Period			
Purpose of Disbursement							
Candidate Name			Category/ Type				
Office Sought: House Senate President	Disbursement For. Primary Other (sp	General					
State: District:							
Full Name (Last, First, Middle Initial) B.	-			Date of Disbursement			
Mailing Address	······································						
City	State	Zip Code		- Amount of Each Disbursement this Period			
Purpose of Disbursement							
Candidate Name	· .		Category/ Type				
Office Sought: House Senate President	Disbursement For: Primary Other (sp	General		· · · · ·			
State: District: Full Name (Last, First, Middle Initial)							
C.	· · ·			Date of Disbursement			
Mailing Address		·					
City	State Zip	Code		Amount of Each Disbursement this Period			
Purpose of Disbursement	Purpose of Disbursement						
Candidate Name		i	Category/ Type	5			
Office Sought: House Senate President	Disbursement For: Primary Other (sp	General Secify)					
State: District:		۱					
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate sc for each categor Detailed Summa	y of the ry Page	OR LINE NUMBER: PAGE   OF / check only one) 17 18 19a 19b 20a 20b 20c 21					
Ar	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMM	MITTEE (IN Full) - For Long							
A.	Full Name (Last,	First, Middle Initial)		· ·		Date of Disbursement			
	Mailing Address		· ·	·	<u></u>				
	City	· · ·	State	Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbu	ursement							
	Candidate Name	· • · _ · · · · · · · · · · · · ·	· · · ·		Category/ Type	8			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General					
	State: Eull Name (Last	District: First, Middle Initial)							
В.						Date of Disbursement			
	Mailing Address								
	City		State	Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbu	ursement	• • •						
	Candidate Name				Category/ Type				
•	Office Sought:	House Senate President	Disbursement For Primary Other (s	General					
	State:	District:							
C.	Full Name (Last,	First, Middle Initial)				Date of Disbursement			
	Mailing Address		· · · · · · · · · · · · · · · · · · ·						
	City		State Zi	p Code		Amount of Each Disbursement this Period			
	Purpose of Disbu	ursement							
	Candidate Name		1						
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General					
	State:	District:	l	<u> </u>					
s	SUBTOTAL of Disbursements This Page (optional)								
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Any information copied from such Reports and or for commercial purposes, other than using t	i Statements may no the name and addres	ot be sold or used by any ss of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.		
Mg H For Cong P	herr FL-	11			
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address	<u> </u>	······································			
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
Candidate Name		Category			
	sbursement For:	Туре			
Senate President	Other (specify	) General			
State: District: Full Name (Last, First, Middle Initial)			·		
B.			Date of Disbursement		
Mailing Address	·····	· · · · · · · · · · · · · · · · · · ·			
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement	. <u></u>				
Candidate Name		Category Type			
Office Sought: House Dis Senate President	bursement For. Primary Other (specify	General			
State: District:		•			
Full Name (Last, First, Middle Initial)		······	Date of Disbursement		
C. Mailing Address	·····				
			Later lost last		
City	State Zip Coo	le	Amount of Each Disbursement this Period		
Purpose of Disbursement	· · ·				
Candidate Name	<u>.</u>	Category Type	•• <b>3</b>		
Office Sought: House Dis Senate President	bursement For: Primary [ Other (specify	General			
State: District:		·			
SUBTOTAL of Disbursements This Page (option	onal)		<u> </u>		
TOTAL This Period (last page this line numbe	r only)		<u> </u>		

FEC Schedule B (Form 3) (Revised 02/2009)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF ) (check only one) 17 18 19a 19a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	ments may not be sold or used by any	20a         20b         20c         21           v person for the purpose of soliciting contributions tree to solicit contributions from such committee.         20b         20c         21
Mat For Congress F	L-11	
Full Name (Last, First, Middle Initial) A.		Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	
Senate	ment For: Primary General	
State: District:	Other (specify)	
Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Malling Address	· · · · · · · · · · · · · · · · · · ·	
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	<u>_1</u>
Office Sought: House Disburs	ment For: Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) C.	·	Date of Disbursement
Mailing Address	· · · · · · · · · · · · · · · · · · ·	
City Sta	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	2] /
Office Sought: House Disburs Senate President	ment For: Primary General Other (specify)	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		jO_O_O
TOTAL This Period (last page this line number on		0.0.0

SCHEDULE B (FEC Form 3)	· · · · · · · · · · · · · · · · · · ·	FOR LINE NUMBER: PAGE / OF /
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and	hay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUID) Matt For Congrass FL-1	12	
Full Name (Last, First, Middle Initial) A.		Date of Disbursement
Mailing Address	· · · · · · · · · · · · · · · · · · ·	
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category, Type	
Office Sought: House Disbursement For Senate Primary President Other (s	General	
State: District: Outer (S Full Name (Last, First, Middle Initial)	······	
B.		Date of Disbursement
Malling Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category/ Type	
Office Sought House Disbursement For Senate Primary President Other (s	General	· ·
State: District:	респу	· · ·
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address	·	
City State Zi	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category/ Type	
Office Sought: House Disbursement For Senate Primary President Other (s	: General	
State: District:	· · · · · · · · · · · · · · · · · · ·	
SUBTOTAL of Disbursements This Page (optional)		<u>, , , , , , , , , , , , , , , , , , , </u>
TOTAL This Period (last page this line number only)		<u> </u>

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate so for each catego Detailed Summa	hedule(s) ( ry of the ary Page	DR LINE NUMBER:         PAGE         OF         /           heck only one)         17         18         19a         19b           20a         20b         20c         21		
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or the name and address of any po	used by any political committee	erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	ss FL-12				
A.			Date of Disbursement		
Mailing Address	·				
City	State Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement					
Candidate Name	· · ·	Category/			
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify)	· · ·			
Full Name (Last, First, Middle Initial)					
В.					
Mailing Address					
City	State Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement			f rate of the second se		
Candidate Name	· · · · ·	Category/ Type			
Office Sought: House Dis Senate President	bursement For: Primary General Other (specify)	• • • •			
State: District:					
Full Name (Last, First, Middle Initial)	· ·	• •	Date of Disbursement		
Mailing Address	· · · · · · · · · · · · · · · · · · ·				
City	State Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement	:				
Candidate Name	·····	Category/ Type			
Senate President	bursement For: Primary General Other (specify)	· · ·			
State: District:	· · · · · · · · · · · · · · · · · · ·				
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TOTAL This Period (last page this line numbe	r only)		0 <sub>0</sub> 0		

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate schedule(s) ( for each category of the Detailed Summary Page		OR LINE NUMBER: PAGE OF check only one) 17 18 19a 19t 20a 20b 20c X 21	
Any Information or for commerc	copied from such Reportial purposes, other than	ts and Statements musing the name and	hay not be sold or address of any pol	used by any itical committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
NAME OF C	OMMITTEE (In Full) H For Co	nsress Fi		· · · · · · · · · · · · · · · · · · ·	······································	
Full Name (L	ast, First, Middle Initial)				Date of Disbursement	
Mailing Addr	ess		· · · ·			
City		State	Zip Code	-	Amount of Each Disbursement this Period	
Purpose of [	Disbursement					
Candidate N	ame			Category/ Type	ж. 	
Office Sough	t: House Senate President	Disbursement For Primary Other (s	General			
State:	 District:			· · · ·	· ·	
Full Name (L B.	ast, First, Middle Initial)				Date of Disbursement	
Mailing Addr	ess					
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code		Amount of Each Disbursement this Period	
Purpose of [	Disbursement	•			7	
Candidate N	ame		· · · · · · · · · · · · · · · · · · ·	Category/ Type		
Office Sough	t: House Senate President	Disbursement For Primary Other (s	General	A		
State:	District:					
Full Name (L	ast, First, Middle Initial)				Date of Disbursement	
Mailing Addr	ess	· · · ·				
City	<u></u>	State Z	p Code		Amount of Each Disbursement this Period	
Purpose of [	Disbursement	·····				
Candidate N	ame	· · · .		Category/ Type	4	
Office Sough	It: House Senate President	Disbursement For Primary Other (s	General			
State:	District:					
SUBTOTAL of	Disbursements This Pag	e (optional)		· ·	0.0.0	
TOTAL This P	eriod (last page this line	number only)			<u>, 0,0,0</u>	

CHEDULE C (FEC F	orm 3)		PAGE	OF
DANS		Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) Malf For (	Maress	FL-72		
LOAN SOURCE Full Name Mailing Address	(Last, First, Mic	ddle Initial)	Election: Primary General Other (specify)	,
City		State ZIP Co	de	<u>.</u>
Original Amount of Loan		Cumulative Payment To		
				۵
TERMS Date incurred	<u>,,,,,</u>		Interest Rate	Secured:
List All Endorsers or Guara 1. Full Name (Last, First, M		o Loan Source	Name of Employer	
Mailing Address	·		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Mic	ddle Initial)	······	Name of Employer	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	···	Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mic	ddle Initial)	· · ·	Name of Employer	·
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	· · ·
Mailing Address	•	· · · · · · · · · · · · · · · · · · ·	Occupation	. <u></u>
City	State	ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This P DTALS This Period (last page		· · · · ·		0.0.0
arry outstanding balance only	to LINE 3, Sch	edule D, for this line. If	to Schedule D, carry forward to appropriate lin	e of Summar

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SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Detailed Summary Page
NAME OF COMMITTEE (In Full) Mat For Congress FL-11	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General
Mailing Address	Other (specify)
City State ZIP C	ode
Original Amount of Loán Cumulative Payment T	
TERMS     Date Incurred     Date Due       M * M     / D * D     / Y * Y * Y * Y     M * M     / D * D     / Y	
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. It	no Schedule D, carry forward to appropriate line of Summary.
E5AN018	FEC Schedule C (Form 3) (Bevised 02/2003

## SCHEDULE C-1 (FEC Form 3) Supplementary for Information found on LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS of Schedule C Page Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER tor lungress FL-22 С Amount of Loan LENDING INSTITUTION (LENDER) Interest Rate (APR) Full Name Mailing Address Date Incurred or Established Date Due State Zip Code City A. Has loan been restructured? No Yes If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? Yes (Endorsers and guarantors must be reported on Schedule C.) No D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected security interest in it? No Yes E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or F. exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature H. Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan 4. are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. 111. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE Typed Name Signature Title

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	· · · · · · · · · · · · · · · · · · ·	PAGE OF	
SCHEDULE D (FEC Form 3)	(Use separate schedule(s)		
DEBTS AND OBLIGATIONS	for each	(check only one)	
Excluding Loans	numbered line)	10	
NAME OF COMMITTEE (In Full) MgH For Congress F-L-11		· ·	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Nature of Debt (Purpose):	
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Perlod			
		· · ·	
Amount Incurred This Period Payment This Period		ng Balance at Close of This Period	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	lebt (Purpose):	
B. Full Name (Last, First, Middle Initial) of Debtor of Cleutor		ebi (ruipose).	
Mailing Address			
City State Zip Code		· · ·	
Outstanding Balance Beginning This Perlod		· · · · · · · · · · · · · · · · · · ·	
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
	·		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning-This Perfod		· · · · ·	
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
1) SUBTOTALS This Period This Page (optional)		DAD	
2) TOTALS This Period (last page this line number only)		<u>, 0,0</u> 0	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		0.00	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page c		.0.0.0	
		Schedule D (Form 3) (Revised 02/2003	

	<u> </u>	PAGE OF
SCHEDULE D (FEC Form 3)	(Use separate schedule(s).	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS	for each	(check only one) 9
Excluding Loans	numbered line)	<u> </u>
NAME OF COMMITTEE (In Full)		
Matt For Congress FL-22		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	bebt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Perlod		
Amount forward This Desired	O states d	- Delegan at Olana of This Devid
Amount Incurred This Period Payment This Period		ing Balance at Close of This Period
D. Full Name () and First Middle Inkink of Dabtes on Conditor	·	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of L	Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Perlod		
		•
Amount Incurred This Period Payment This Period		ing Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	)ebt (Purpose):
	1	
Mailing Address		
		•
City State Zip Code		
Outstanding Balance Beginning This Period	<b>-</b>	· · · · · · · · · · · · · · · · · · ·
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)	··· • <u>L</u>	<u></u>
2) TOTALS This Period (last page this line number only)		0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		<u>, 0,00</u>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page on		<u>, 0.0</u>

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
Hand Delivered	Date of Receipt		
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USPS Priority Mail	Postmarked		
USPS Priority Mail Express	Postmarked		
Postmark Illegible	•		
No Postmark			
Overnight Delivery Service (Specify): UPS Next Business [	Shipping Date		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Date of Rec	eipt or Postmarked		
PREPARER MP (3/2015)	1/7/2016 DATE PREPARED		