

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Americans for Gabriel Rothblatt

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17806.00	40712.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17806.00	40712.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12484.03	26586.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12484.03	26586.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9488.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Americans for Gabriel Rothblatt

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

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		
(i) Itemized (use Schedule A).....	15208.00	32708.00
(ii) Unitemized.....	2098.00	4904.00
(iii) TOTAL of contributions from individuals ▶	17306.00	37612.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) The Candidate.....	0.00	2600.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17806.00	40712.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.06	0.38
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17806.06	40712.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12484.03	26586.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	4648.58
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12484.03	31235.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4166.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17806.06
25. SUBTOTAL (add Line 23 and Line 24).....	21972.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12484.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9488.49

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

A. Mariette Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Riverside Dr
 City New York State NY Zip Code 10024-4822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Photographer
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 01 / 2013
Transaction ID : VN8KQBTMRK0
 Amount of Each Receipt this Period
 2000.00

B. Anthony Balda
 Full Name (Last, First, Middle Initial)
 Mailing Address 782 Shell St
 City Satellite Beach State FL Zip Code 32937-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medicomp. Inc. Occupation Executive
 Receipt For: 2013
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 26 / 2013
Transaction ID : VN8KQBJWTD1
 Amount of Each Receipt this Period
 1000.00

C. Anthony Balda
 Full Name (Last, First, Middle Initial)
 Mailing Address 782 Shell St
 City Satellite Beach State FL Zip Code 32937-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medicomp. Inc. Occupation Executive
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013
Transaction ID : VN8KQBTW2G2
 Amount of Each Receipt this Period
 500.00

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

A. Full Name (Last, First, Middle Initial)
Dan Balda

Mailing Address 250 Lansing Island Dr

City State Zip Code
Indian Harbour Beach FL 32937-5101

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

Name of Employer Occupation
Medicomp, Inc CEO

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2013

Transaction ID : VN8KQBJCES5

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
R. A. Balda

Mailing Address 4 Marina Isles Blvd

City State Zip Code
Indian Harbour Beach FL 32937-5388

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

Name of Employer Occupation
retired none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : VN8KQBTWHW8

Amount of Each Receipt this Period
1300.00

C. Full Name (Last, First, Middle Initial)
R. A. Balda

Mailing Address 4 Marina Isles Blvd

City State Zip Code
Indian Harbour Beach FL 32937-5388

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

Name of Employer Occupation
retired none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : VN8KQBTWJ75

Amount of Each Receipt this Period
1300.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

A. Full Name (Last, First, Middle Initial)
Hunter Collins

Mailing Address 202 Lanternback Island Dr

City State Zip Code
Satellite Beach FL 32937-4705

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

Name of Employer Occupation
Collins and Montz Family Dentistry Dentist

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2013

Transaction ID : VN8KQBD2F51

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mark Collins

Mailing Address 402 Sunset Blvd

City State Zip Code
Melbourne Beach FL 32951-2046

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

Name of Employer Occupation
self attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2013

Transaction ID : VN8KQBE45M8

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Tiffany Jones

Mailing Address 2080 Bonita Ave

City State Zip Code
Melbourne Beach FL 32951-2940

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

Name of Employer Occupation
none Stay at Home Mom

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
89.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 05 / 2013

Transaction ID : VN8KQBE48E7

Amount of Each Receipt this Period
8.00

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

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

1058.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

A. Full Name (Last, First, Middle Initial)
Tiffany Jones

Mailing Address 2080 Bonita Ave

City Melbourne Beach State FL Zip Code 32951-2940

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

Name of Employer none Occupation Stay at Home Mom

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : VN8KQBE4628

Amount of Each Receipt this Period
 1000.00

1089.00

B. Full Name (Last, First, Middle Initial)
Tiffany Jones

Mailing Address 2080 Bonita Ave

City Melbourne Beach State FL Zip Code 32951-2940

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

Name of Employer none Occupation Stay at Home Mom

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : VN8KQC212X0

Amount of Each Receipt this Period
 1000.00

* In-Kind: Event Space, food and soft drinks for buffet for end of the year fundraiser

2089.00

C. Full Name (Last, First, Middle Initial)
Bertha Miles

Mailing Address 10706 Camino Real

City Fountain Valley State CA Zip Code 92708-3836

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

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2013

Transaction ID : VN8KQBE4917

Amount of Each Receipt this Period
 500.00

1450.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

A. Full Name (Last, First, Middle Initial)
Stuart Miller

Mailing Address 426 Pirates Moon Ct

City Indialantic State FL Zip Code 32903-1833

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

Name of Employer self Occupation MD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : VN8KQBTWK52

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 673

City Upperville State VA Zip Code 20185-0673

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

Name of Employer Patusky Associates Occupation Business Consultant

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 06 / 2013

Transaction ID : VN8KQB06BW7

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Richard N Pierson III

Mailing Address 1402 Locust Ave

City Ruxton State MD Zip Code 21204-6521

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

Name of Employer University of Maryland Occupation Physician Scientist

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : VN8KQB3MV57

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

A. Full Name (Last, First, Middle Initial)
Martine Rothblatt

Mailing Address 82 Lanternback Island Dr

City State Zip Code
Satellite Beach FL 32937-4701

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

Name of Employer Occupation
united therapeutics biotechnologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 11 / 2013

Transaction ID : VN8KQBE4678

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Martine Rothblatt

Mailing Address 82 Lanternback Island Dr

City State Zip Code
Satellite Beach FL 32937-4701

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

Name of Employer Occupation
united therapeutics biotechnologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3300.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 11 / 2013

Transaction ID : VN8KQBTFOZ3

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Martine Rothblatt

Mailing Address 82 Lanternback Island Dr

City State Zip Code
Satellite Beach FL 32937-4701

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

Name of Employer Occupation
united therapeutics biotechnologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3400.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 11 / 2013

Transaction ID : VN8KQBTF119

Amount of Each Receipt this Period
100.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

A. Full Name (Last, First, Middle Initial)
Rosa Lee Rothblatt

Mailing Address 10706 Camino Real

City State Zip Code
Fountain Valley CA 92708-3836

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

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 05 / 2013

Transaction ID : VN8KQBE48J8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joyce Russell

Mailing Address 538 Medearis Dr

City State Zip Code
Charlotte NC 28211-6065

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

Name of Employer Adecco Staffing US Occupation EVP & President

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2013

Transaction ID : VN8KQBG1JE4

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ralph Zipper

Mailing Address 1130 S Harbor City Blvd

City State Zip Code
Melbourne FL 32901-1966

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

Name of Employer Self Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 25 / 2013

Transaction ID : VN8KQBTMRN6

Amount of Each Receipt this Period
500.00

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

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

1750.00

15208.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)
D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATION

A. Mailing Address 25 Louisiana Ave NW

City State Zip Code
Washington DC 20001-2130

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : VN8KQC212R1

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

500.00

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. actblue technical services			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2013
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 8.31 Transaction ID : VN7MF9PE2A1
City Somerville	State MA	Zip Code 02144-3132	
Purpose of Disbursement Electronic Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. actblue technical services			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 3.95 Transaction ID : VN7MF9PE293
City Somerville	State MA	Zip Code 02144-3132	
Purpose of Disbursement Electronic Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. actblue technical services			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2013
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 3.95 Transaction ID : VN7MF9PE2B9
City Somerville	State MA	Zip Code 02144-3132	
Purpose of Disbursement Electronic Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	16.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. actblue technical services		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 7.90
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Electronic Processing Fees	
Candidate Name	Category/Type	Transaction ID : VN7MF9PE244
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. actblue technical services		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 3.95
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Electronic Processing Fees	
Candidate Name	Category/Type	Transaction ID : VN7MF9PE251
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. actblue technical services		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 98.75
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Electronic Processing Fees	
Candidate Name	Category/Type	Transaction ID : VN7MF9PE236
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	110.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. actblue technical services		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 3.95 Transaction ID : VN7MF9PE228
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Electronic Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bright House Networks		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 31173		Amount of Each Disbursement this Period 131.61 Transaction ID : VN7MF9PE1G6
City Tampa State FL Zip Code 33631-3173	Purpose of Disbursement Campaign Office Internet Activation/Installation & October's Bill	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bright House Networks		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address PO Box 31173		Amount of Each Disbursement this Period 78.66 Transaction ID : VN7MF9PE1H3
City Tampa State FL Zip Code 33631-3173	Purpose of Disbursement November Internet Bill for Campaign Office	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	214.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. Bright House Networks		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2013
Mailing Address PO Box 31173		Amount of Each Disbursement this Period 78.66
City Tampa	State FL	
Zip Code 33631-3173	Purpose of Disbursement December Campaign Office Internet bill	Transaction ID : VN7MF9PE1J1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Christensen & Associates Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20003-1107	Purpose of Disbursement General Consulting	Transaction ID : VN7MF9PE0X5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Christensen & Associates Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20003-1107	Purpose of Disbursement Labor PAC Consulting	Transaction ID : VN7MF9PE0Y3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2078.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. First Data Commercial Services		M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342-1651
Purpose of Disbursement Electronic Processing Fees	Category/Type	
Candidate Name	Transaction ID : VN7MF9PE021	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. First Data Commercial Services		M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342-1651
Purpose of Disbursement Electronic Processing Fees	Category/Type	
Candidate Name	Transaction ID : VN7MF9PE109	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. First Data Commercial Services		M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342-1651
Purpose of Disbursement Electronic Processing Fees	Category/Type	
Candidate Name	Transaction ID : VN7MF9PE117	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

A. First Data Commercial Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Electronic Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2013

Amount of Each Disbursement this Period: 80.15

Transaction ID : VN7MF9PE1K9

B. First Data Commercial Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Electronic Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2013

Amount of Each Disbursement this Period: 11.00

Transaction ID : VN7MF9PE1M7

C. First Data Commercial Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Electronic Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2013

Amount of Each Disbursement this Period: 5.80

Transaction ID : VN7MF9PE1N5

SUBTOTAL of Disbursements This Page (optional) 96.95

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. First Data Commercial Services		M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342-1651
Purpose of Disbursement Electronic Processing Fees	Category/Type	
Candidate Name	Transaction ID : VN7MF9PE1P3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
		48.75

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. First Data Commercial Services		M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342-1651
Purpose of Disbursement Electronic Processing Fees	Category/Type	
Candidate Name	Transaction ID : VN7MF9PE1Q1	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
		43.00

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. First Data Commercial Services		M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342-1651
Purpose of Disbursement Electronic Processing Fees	Category/Type	
Candidate Name	Transaction ID : VN7MF9PE1R9	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
		6.60

SUBTOTAL of Disbursements This Page (optional).....	98.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. Florida Power & Light		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 9001 Ellis Rd		Amount of Each Disbursement this Period 102.08
City Melbourne	State FL	
Zip Code 32904-1017	Purpose of Disbursement October's Campaign Office Electric Bill	Transaction ID : VN7MF9PE1C4
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Florida Power & Light		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 9001 Ellis Rd		Amount of Each Disbursement this Period 91.97
City Melbourne	State FL	
Zip Code 32904-1017	Purpose of Disbursement November's Campaign Office Electric Bill	Transaction ID : VN7MF9PE1D2
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Florida Power & Light		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 9001 Ellis Rd		Amount of Each Disbursement this Period 84.11
City Melbourne	State FL	
Zip Code 32904-1017	Purpose of Disbursement December's Campaign Office Electric Bill	Transaction ID : VN7MF9PE1E0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	278.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. Group Moreland LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 2300 NW Corporate Blvd Ste 141		Amount of Each Disbursement this Period 821.50 Transaction ID : VN7MF9PE167
City Boca Raton State FL Zip Code 33431-7359	Purpose of Disbursement October Rent for Campaign Office	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Group Moreland LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 2300 NW Corporate Blvd Ste 141		Amount of Each Disbursement this Period 821.50 Transaction ID : VN7MF9PE174
City Boca Raton State FL Zip Code 33431-7359	Purpose of Disbursement November rent for Campaign Office	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Group Moreland LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 2300 NW Corporate Blvd Ste 141		Amount of Each Disbursement this Period 821.50 Transaction ID : VN7MF9PE182
City Boca Raton State FL Zip Code 33431-7359	Purpose of Disbursement December Rent for Campaign Office	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2464.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. Tiffany Jones		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 2080 Bonita Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN8KQC212X0I
City Melbourne Beach	State FL	
Zip Code 32951-2940	Purpose of Disbursement Event Space, food and soft drinks for buffet for end of the year fundraiser	* In-Kind Received
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1400.00 Transaction ID : VN7MF9PE133
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Compliance Software	* In-Kind Received
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1400.00 Transaction ID : VN7MF9PE141
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Compliance Software	* In-Kind Received
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1400.00 Transaction ID : VN7MF9PE159
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Compliance Software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 243 E Eau Gallie Blvd		Amount of Each Disbursement this Period 1144.76 Transaction ID : VN7MF9PE1A8
City Indian Harbour Beach State FL Zip Code 32937-4873	Purpose of Disbursement Desktop Computer, Laptop & Printer for Campaign Office	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 243 E Eau Gallie Blvd		Amount of Each Disbursement this Period 27.86 Transaction ID : VN7MF9PE1B6
City Indian Harbour Beach State FL Zip Code 32937-4873	Purpose of Disbursement Printer Cartridge	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2572.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial) A. Statewide Condominium Insurance		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1425 20th St		Amount of Each Disbursement this Period 702.90
City Vero Beach	State FL Zip Code 32960-3561	
Purpose of Disbursement General Liability Insurance for Campaign Office		Transaction ID : VN7MF9PE125
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	702.90
TOTAL This Period (last page this line number only).....	12454.03