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Image# 14960642177

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		SBURSE Authorized Co			C	Office Use Only
NAME OF COMMITTEE (in	TYPE OR PRIN	IT ▼	Example: If typin over the lines.	g, type	12FE4M5	
DREIKORN FO	OR CONGRESS					
ADDRESS (number an	d street)					
Check if diff than previou reported. (A	usly   BOKEELIA				FL 33	3922
2. <b>FEC IDENTIFIC</b>	CATION NUMBER ▼	CITY			STATE A	ZIP CODE
C C0055646	54	3. IS THIS REPORT	X NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT  D  FL  19
(a) Quarterly Re	Quarterly Report (Q1)	(b) 12-Day <b>P</b>	RE-Election Reported Primary (12P	)	General (120	
	Quarterly Report (Q2) r 15 Quarterly Report (Q3)	Election	on 06	24	Y Y Y Y 2014	in the State of
January	31 Year-End Report (YE)	(c) 30-Day <b>P</b>	OST-Election Rep	port for the:		
			General (30G	i)	Runoff (30R	Special (30S)
Termina	tion Report (TER)	Election	on/	D D /	YYYY	in the State of
5. Covering Period	12 / 26	/	through	M M M	/ 02 /	Y
I certify that I have e.  Type or Print Name of	xamined this Report and to		knowledge and	belief it is ti	rue, correct and o	complete.
Signature of Treasure			[Electronically i	Filed] [	Date 04	/ D D / Y Y Y Y Y 10 10 2014
	false, erroneous, or incompl	lete information m	ay subject the per	son signing	this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 49

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### DREIKORN FOR CONGRESS

			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))	7050.00	7050.00
	(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))	7050.00	7050.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	15055.33	15055.33
	(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))	15055.33	15055.33
8.		orting Period (from Line 27)	2633.84	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on a sedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on addule C and/or Schedule D)	10639.17	

#### 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

PAGE 3 / 49

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

#### DREIKORN FOR CONGRESS

12 04 2014 26 2013 02 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 6125.00 6125.00 (i) Itemized (use Schedule A)..... 925.00 925.00 (ii) Unitemized ..... (iii) TOTAL of contributions 7050.00 7050.00 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 7050.00 7050.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 10639.17 10639.17 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 10639.17 10639.17 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) ..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 17689.17 17689.17 (Carry Total to Line 24, page 4).....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 49

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	15055.33	15055.33
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
<u>'</u> 0.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	15055.33	15055.33
	III. CASH SU	MMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
4	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	17689.17
5.	SUBTOTAL (add Line 23 and Line 24)		17689.17
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	15055.33
7.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		2633.84

#### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 49 Use separate schedule(s) (check only one) for each category of the 11a 11d 11b 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS 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) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) John Cammick Date of Receipt Mailing Address Box 400 2014 12 City State Zip Code Transaction ID: SA11AI.4104 FL 33993 Matlacha FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Credit Card Retired Retired Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) John Cammick Date of Receipt Mailing Address Box 400 12 2014 Citv State Zip Code Transaction ID: SA11AI.4108 Matlacha FL 33993 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Retired Credit Card Retired Receipt For: 2014 Election Cycle-to-Date Primary General 525.00 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) Robert Cook Date of Receipt Mailing Address 6218 Winnepeg Dr 2014 20 City State Zip Code Transaction ID: SA11AI.4131 VA Burke 22015 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Federal Aviation Adminstration Aviation Safety Inspector Credit Card Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Special-Primary 775.00 SUBTOTAL of Receipts This Page (optional).....

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

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

l	FOR LINE	NUMBER	R: PAGE	<u> 60</u>	F 49
l	(check only	y one)			
l	<b>X</b> <sub>11a</sub>	11b	11c	11d	
l	12	13a	13b	14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRES	S								
A. Full Name (Last, First, Middle Initial) Karl Dreikorn  Mailing Address PSC 476 Box 66		Date of Receipt							
City FPO	State Zip Code AP 96322-0066	03 26 2014  Transaction ID : SA11AI.4127							
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period							
Name of Employer US Navy Receipt For: 2014	Occupation Facility Engineer  Election Cycle-to-Date	Credit Card							
Primary General Other (specify) Special-Primary	250.00								
B. Full Name (Last, First, Middle Initial) Rick Lossner Mailing Address 5014 County Road 3519	<u>'</u>	Date of Receipt							
City County Road 3519									
Greenville FEC ID number of contributing federal political committee.	TX 75402	Amount of Each Receipt this Period							
Name of Employer  FCN  Receipt For: 2014	Occupation Sales Election Cycle-to-Date	Credit Card							
Primary General  Other (specify) Special-Primary	250.00								
Full Name (Last, First, Middle Initial)  Dr. Dareld R Morris II		Date of Receipt							
Mailing Address 13710 Metropolis Ave Suite 108 City	State Zip Code	02 18 2014  Transaction ID : SA11AI.4121							
Fort Myers FEC ID number of contributing	FL 33912								
federal political committee.	C	Amount of Each Receipt this Period							
Name of Employer Self Employed Receipt For: 2014	Occupation Physician	2000.00							
Primary General  Other (specify) Special-Primary	Election Cycle-to-Date								
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number)		2500.00							

Name of Employer

Retired

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

Credit Card

7 OF

11d

250.00

49

14 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) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) Ronald Pierce Date of Receipt Mailing Address 33751 Blessington Lane 02 2014 13 City State Zip Code Transaction ID: SA11AI.4112 CA 92675 San Juan Capistrano FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2600.00 Name of Employer Occupation Credit Card Retired Retired Receipt For: 2014 Election Cycle-to-Date Primary General 2600.00 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) Robert Ponchak Date of Receipt Mailing Address 8715 52nd Ave E 13 2014 City State Zip Code Transaction ID: SA11AI.4110 Bradenton FL 34211 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee.

	Receipt For: 2014  Primary General  Other (specify) Special-Primary	Election Cycle-to-Date 250.00	
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of Each Receipt this Period
	Receipt For:  Primary General  Other (specify)	Election Cycle-to-Date	
			2850.00

Occupation Retired

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

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

6125.00

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 8 OF 49 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page 12 13b 14

ITEMIZED RECEIPTS X 13a 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) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 2013 26 City State Zip Code Transaction ID: SA13A.4218 FL 33922 **BOKEELIA** FEC ID number of contributing Amount of Each Receipt this Period H4FL19108 federal political committee. 47.94 Name of Employer Occupation **IPower** The IPL Group, LLC Consultant Receipt For: 2014 Election Cycle-to-Date Primary General 47.94 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 22 2014 Citv State Zip Code Transaction ID: SA13A.4244 **BOKEELIA** FL 33922 FEC ID number of contributing Amount of Each Receipt this Period С H4FL19108 federal political committee. 750.00 Name of Employer Occupation Consultant Watch Street Consulting The IPL Group, LLC Receipt For: 2014 Election Cycle-to-Date Primary General 797.94 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 2014 27 City State Zip Code Transaction ID: SA13A.4235 FL **BOKEELIA** 33922 FEC ID number of contributing С H4FL19108 Amount of Each Receipt this Period federal political committee. 35.00 Name of Employer Occupation The IPL Group, LLC Consultant Bokeelia Post Office Receipt For: 2014 Election Cycle-to-Date Primary General 832.94 Other (specify) Special-Primary

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

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

832.94

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

FOR LINE NUMBER: PAGE 9 OF 49 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page 12

X 13a 13b 14 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) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 2014 30 City State Zip Code Transaction ID: SA13A.4236 FL 33922 **BOKEELIA** FEC ID number of contributing Amount of Each Receipt this Period H4FL19108 federal political committee. 11.20 Name of Employer Occupation Bokeelia Post Office The IPL Group, LLC Consultant Receipt For: 2014 Election Cycle-to-Date Primary General 844.14 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 02 2014 Citv State Zip Code Transaction ID: SA13A.4228 **BOKEELIA** FL 33922 FEC ID number of contributing Amount of Each Receipt this Period С H4FL19108 federal political committee. 51.89 Name of Employer Occupation Consultant Office Max The IPL Group, LLC Receipt For: 2014 Election Cycle-to-Date Primary General 896.03 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 2014 05 City State Zip Code Transaction ID: SA13A.4245 FL **BOKEELIA** 33922 FEC ID number of contributing С H4FL19108 Amount of Each Receipt this Period federal political committee. 109.70 Name of Employer Occupation The IPL Group, LLC Consultant VistaPrint Receipt For: 2014 Election Cycle-to-Date Primary General 1005.73 Other (specify) Special-Primary 172.79 SUBTOTAL of Receipts This Page (optional).....

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

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

	FC	)R	LINE I	NU	MBER:	PAGE	 IO OF	49
Use separate schedule(s)	(cł	nec	k only	or	ne)			
for each category of the Detailed Summary Page			11a		11b	11c	11d	
Detailed Summary Page		-	12	×	13a	13b	14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 2014 07 City State Zip Code Transaction ID: SA13A.4226 FL 33922 **BOKEELIA** FEC ID number of contributing Amount of Each Receipt this Period H4FL19108 federal political committee. Name of Employer Occupation Little Lillys Island Deli The IPL Group, LLC Consultant Receipt For: 2014 Election Cycle-to-Date Primary General 1020.25 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 07 2014 Citv State Zip Code Transaction ID: SA13A.4248 **BOKEELIA** FL 33922 FEC ID number of contributing C Amount of Each Receipt this Period H4FL19108 federal political committee. 75.00 Name of Employer Occupation Consultant Cash Deposit The IPL Group, LLC Receipt For: 2014 Election Cycle-to-Date Primary General 1095.25 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 2014 80 City State Zip Code Transaction ID: SA13A.4249 FL **BOKEELIA** 33922 FEC ID number of contributing С H4FL19108 Amount of Each Receipt this Period federal political committee. 5.00 Name of Employer Occupation The IPL Group, LLC Consultant Cash Donation (Site test) Receipt For: 2014 Election Cycle-to-Date Primary General 1100.25 Other (specify) Special-Primary 94.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Other (specify)

Special-Primary

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

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

IIIIage# 14900042107			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 49 (check only one)  11a
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS			
Full Name (Last, First, Middle Initial)  MICHAEL JOHN DREIKORN			Date of Receipt
Mailing Address 5697 Bay Point Road			02 10 2014
City BOKEELIA	State FL	Zip Code 33922	Transaction ID : SA13A.4234
FEC ID number of contributing federal political committee.	С н4	FL19108	Amount of Each Receipt this Period
Name of Employer The IPL Group, LLC	Occupation Consultant	1	PBS Studio Inc
Receipt For: 2014 Primary General Other (specify) Special-Primary	Election C	ycle-to-Date 1338.25	]
Full Name (Last, First, Middle Initial)  MICHAEL JOHN DREIKORN			Date of Receipt
Mailing Address 5697 Bay Point Road			02 11 2014
City BOKEELIA	State FL	Zip Code 33922	Transaction ID : SA13A.4231
FEC ID number of contributing federal political committee.	С ни	-L19108	Amount of Each Receipt this Period
Name of Employer	Occupation	1	McDonald's
The IPL Group, LLC  Receipt For: 2014  Primary General  Other (specify) Special-Primary	Consultant  Election C	ycle-to-Date 1345.02	I WEDONAIU'S
Full Name (Last, First, Middle Initial)  MICHAEL JOHN DREIKORN			Date of Receipt
Mailing Address 5697 Bay Point Road			02 11 2014
City BOKEELIA	State FL	Zip Code 33922	Transaction ID : SA13A.4237
FEC ID number of contributing federal political committee.	С н4	FL19108	Amount of Each Receipt this Period
Name of Employer The IPL Group, LLC	Occupation Consultant		Applestitch Inc
Receipt For: 2014 Primary General	Election C	ycle-to-Date	7

1675.74

575.49

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

	FO	R LINE	NU	MBER:	PAGE	1	2 OF	49	1
Use separate schedule(s)	(ch	eck only	or	ne)	ı				
for each category of the Detailed Summary Page		11a		11b	11c		11d		
Detailed Summary Page		12	X	13a	13b		14	15	j

••	LIVIIZED REOLIF 13		Detailed Summary Page	12 X 13a 13b 14 15			
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS						
Α.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of Receipt			
,	Mailing Address 5697 Bay Point Road			02 122014			
	City BOKEELIA	State FL	Zip Code 33922	Transaction ID : SA13A.4227			
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount of Each Receipt this Period			
	Name of Employer The IPL Group, LLC	Occupation		Little Lillys Island Deli			
	Receipt For: 2014		cycle-to-Date				
	Primary General  Other (specify) Special-Primary		1699.80				
— В.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of Receipt			
Ь.	Mailing Address 5697 Bay Point Road			02 18 2014			
	City BOKEELIA	State FL	Zip Code 33922	Transaction ID : SA13A.4239			
	FEC ID number of contributing federal political committee.	C H4	FL19108	Amount of Each Receipt this Period			
	Name of Employer	Occupation		16.00			
	The IPL Group, LLC	Consultant		FMRWC			
	Receipt For: 2014 Primary General	Election C	cycle-to-Date				
	Other (specify) Special-Primary		1715.80				
<u> </u>	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of Receipt			
٠.	Mailing Address 5697 Bay Point Road			02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	BOKEELIA	State FL	Zip Code 33922	Transaction ID : SA13A.4242			
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount of Each Receipt this Period			
	Name of Employer	Occupation	n	19.00			
	The IPL Group, LLC	Consultant		NationBuilder			
	Receipt For: 2014	Election C	cycle-to-Date				
	Primary General  Other (specify) Special-Primary		1734.80				
s	SUBTOTAL of Receipts This Page (optional)			59.06			
1	OTAL This Period (last page this line number	only)		,,			

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

	FOR LINE NUMBER:	PAGE	13 OF	49
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	11a 11b 12 X 13a	11c 13b	11d	15

• •	LIVIIZED REOLIF 13		Detailed Summary Page	12 >	7 -	3b 14 15	
	ny information copied from such Reports and S for commercial purposes, other than using the			person for the p	ourpose of so	oliciting contributions	
	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS						
Α.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of R	Receipt		
	Mailing Address 5697 Bay Point Road			02	/ 21	2014	
	City BOKEELIA	State FL	Zip Code 33922	Transaction	n ID : SA13A	.4250	
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount o	of Each Rece	pt this Period	
	Name of Employer The IPL Group, LLC	Occupation		Cash Depo	ost	3000.00	
	Receipt For: 2014 Primary General		ycle-to-Date	,			
	Other (specify) Special-Primary	L	4734.80	l			
В.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of R	Receipt		
٥.	Mailing Address 5697 Bay Point Road			02	/ D D /	2014	
	City BOKEELIA	State FL	Zip Code 33922	Transaction	n ID : SA13A.	4230	
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount o	of Each Rece	ipt this Period	
	Name of Employer	Occupation		4.02			
	The IPL Group, LLC	Consultant		Office Max			
	Receipt For: 2014  Primary  General	Election C	cycle-to-Date				
	Other (specify) Special-Primary		4738.82	]			
<u> </u>	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of R	Receipt		
٠.	Mailing Address 5697 Bay Point Road			02	/ D D /	2014	
	BOKEELIA	State FL	Zip Code 33922	Transaction	n ID : SA13A	.4251	
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount o	of Each Rece	ipt this Period	
	Name of Employer	Occupation	n			3000.00	
	The IPL Group, LLC	Consultant		Cash Depo	osiť	,	
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary General  Other (specify) Special-Primary		7738.82	]			
S	SUBTOTAL of Receipts This Page (optional)					6004.02	
1	OTAL This Period (last page this line number	only)			,	,	

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

	FC	OR LINE I	NU	MBER:	PAGE	 14 OF	49
Use separate schedule(s)	(cl	heck only	or	ne)			
for each category of the	1 1	11a		11b	11c	11d	
Detailed Summary Page		12	X	13a	13b	14	15

••	LIVIIZED NEOLIF 13		Detailed Summary Page	12	X 13a 13b 14 15				
	y information copied from such Reports and S for commercial purposes, other than using the			person for the	e purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)  DREIKORN FOR CONGRESS								
Α.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	Date of	· Receipt						
,	Mailing Address 5697 Bay Point Road	02	M M / D D / Y Y Y Y						
	City BOKEELIA	Transacti	Transaction ID : SA13A.4238						
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount	t of Each Receipt this Period				
	Name of Employer The IPL Group, LLC	Occupation		BUPAC	8.00				
	Receipt For: 2014 Primary General	ycle-to-Date	1						
	X Other (specify) Special-Primary		7746.82						
В.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of	Receipt				
٠.	Mailing Address 5697 Bay Point Road			02	7 27 2014				
	City BOKEELIA	State FL	Zip Code 33922	Transacti	on ID : SA13A.4241				
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount	t of Each Receipt this Period				
	Name of Employer	Occupation	า		32.00				
	The IPL Group, LLC	Consultant		Fed Ex					
	Receipt For: 2014	Election C	ycle-to-Date						
	Primary General  Other (specify) Special-Primary		7778.82						
<u> </u>	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of	· Receipt				
Ο.	Mailing Address 5697 Bay Point Road			M M M 03	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City BOKEELIA	State FL	Zip Code 33922	Transact	ion ID : SA13A.4252				
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount	t of Each Receipt this Period				
	Name of Employer	Occupation	า		280.00				
	The IPL Group, LLC	Consultant		Cash De	eposit				
	Receipt For: 2014	Election C	ycle-to-Date						
	Primary General  Other (specify) Special-Primary		8058.82						
s	UBTOTAL of Receipts This Page (optional)				320.00				
Т	OTAL This Period (last page this line number of	only)			. , ,				

SCHEDULE A	(FEC Form	3)
ITEMIZED REC	EIPTS	

	FC	DR	LINE	NU	MBER:	:	PAGE	 15 OF	49
Use separate schedule(s)	(cl	he	ck only	or or	ie)				
for each category of the Detailed Summary Page			11a		11b		11c	11d	
Detailed Summary Page			12	×	13a		13b	14	15
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.									

ITEMIZED RECEIPTS	Detailed Summary Page	11a   11b   11c   11d   12   X   13a   13b   14   15
	Statements may not be sold or used by any pe he name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS	3	
Full Name (Last, First, Middle Initial)  MICHAEL JOHN DREIKORN	Date of Receipt	
Mailing Address 5697 Bay Point Road		03
City BOKEELIA	State Zip Code FL 33922	Transaction ID : SA13A.4225
FEC ID number of contributing federal political committee.	C H4FL19108	Amount of Each Receipt this Period
Name of Employer The IPL Group, LLC	Occupation Consultant	Office Max
Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cycle-to-Date 8189.19	
Full Name (Last, First, Middle Initial)  MICHAEL JOHN DREIKORN		Date of Receipt
Mailing Address 5697 Bay Point Road		03 15 2014
City BOKEELIA	State Zip Code FL 33922	Transaction ID : SA13A.4240
FEC ID number of contributing federal political committee.	C H4FL19108	Amount of Each Receipt this Period
Name of Employer The IPL Group, LLC	Occupation Consultant	6.36  Homer Helters Antiques Military Mall
Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)  MICHAEL JOHN DREIKORN		Date of Receipt
Mailing Address 5697 Bay Point Road  City	State Zip Code	03 / 19 / 2014
BOKEELIA	FL 33922	Transaction ID : SA13A.4224
FEC ID number of contributing federal political committee.	C H4FL19108	Amount of Each Receipt this Period
Name of Employer The IPL Group, LLC Receipt For: 2014	Occupation Consultant Election Cycle-to-Date	130.37 Staples Office Supplies
Primary General  Other (specify) Special-Primary	8325.92	
SUBTOTAL of Receipts This Page (optional)	267.10	
TOTAL This Period (last page this line number		

### SCHEDULE A (FEC Form 3)

	FOR LINE NUMBER:	PAGE	16 OF	49
Use separate schedule(s)	(check only one)			
for each category of the	11a 11b	11c	11d	
Detailed Summary Page	12 X 13a	13b	14	15

11	EMIZED RECEIPTS		Detailed Summary Page	12		13b 14 15			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ne name and	nay not be sold or used by any address of any political committed	person for the	purpose of s	oliciting contributions			
	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS								
Α.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	Date of	Date of Receipt						
,	Mailing Address 5697 Bay Point Road	M M 03	/ D D /	2014					
	City BOKEELIA	Transactio	Transaction ID : SA13A.4233						
	FEC ID number of contributing federal political committee.	FL19108	Amount	of Each Rece	eipt this Period				
	Name of Employer The IPL Group, LLC	Occupation Consultant		IHop	,	23.21			
	Receipt For: 2014 Primary General Other (specify) Special-Primary	Election C	cycle-to-Date 8355.19	1					
— В.	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN		, ,	Date of	Receipt				
	Mailing Address 5697 Bay Point Road			03	20	2014			
	City State Zip Code BOKEELIA FL 33922			Transactio	on ID : SA13A	.4243			
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount of Each Receipt this Period					
	Name of Employer	Occupation	n	- L.	19.00				
	The IPL Group, LLC	Consultant		NationBui	ilder				
	Receipt For: 2014	Election C	Sycle-to-Date						
	Primary General  Other (specify) Special-Primary		8374.19						
<u> </u>	Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN			Date of	Receipt				
O.	Mailing Address 5697 Bay Point Road			03	/ D D /	2014			
	BOKEELIA	State FL	Zip Code 33922	Transaction	on ID : SA13A	A.4257			
	FEC ID number of contributing federal political committee.	С н4	FL19108	Amount	of Each Rece	eipt this Period			
	Name of Employer			2000.00					
	The IPL Group, LLC	Cash Dep	posiť	,					
	Receipt For: 2014	Election C	Sycle-to-Date						
	Primary General  Other (specify) Special-Primary		10374.19						
s	SUBTOTAL of Receipts This Page (optional)					2048.27			
1	OTAL This Period (last page this line number	only)			,	,			

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

FOR LINE NUMBER: PAGE 17 OF 49 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page X 13a 12 13b 14

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) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 03 2014 22 City State Zip Code Transaction ID: SA13A.4229 FL 33922 **BOKEELIA** FEC ID number of contributing Amount of Each Receipt this Period H4FL19108 federal political committee. 131.43 Name of Employer Occupation Staples Office Supplies The IPL Group, LLC Consultant Receipt For: 2014 Election Cycle-to-Date Primary General 10505.62 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN Date of Receipt Mailing Address 5697 Bay Point Road 02 2014 Citv State Zip Code Transaction ID: SA13A.4223 **BOKEELIA** FL 33922 FEC ID number of contributing Amount of Each Receipt this Period С H4FL19108 federal political committee. 133.55 Name of Employer Occupation Consultant Staples Office Supplies The IPL Group, LLC Receipt For: 2014 Election Cycle-to-Date Primary General 10639.17 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 264.98 SUBTOTAL of Receipts This Page (optional)..... 10639.17 TOTAL This Period (last page this line number only).....

#### SCHEDULE B (FEC Form 3)

**PAGE** 18 49 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Artype, Inc 2014 Mailing Address 3530 Work Drive 03 18 City State Zip Code Amount of Each Disbursement this Period FΙ Fort Myers 33916 323.30 Purpose of Disbursement **Bumper Stickers** 006 Transaction ID: SB17.4201 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) Special-Primary President District: State: Full Name (Last, First, Middle Initial) Artype, Inc Date of Disbursement Mailing Address 3530 Work Drive 03 18 2014 City State Zip Code Amount of Each Disbursement this Period FL 33916 Fort Myers 1086.50 Purpose of Disbursement Yard Signs 006 Transaction ID: SB17.4202 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President Special-Primary State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Artype, Inc Mailing Address 3530 Work Drive 03 2014 18

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								14:	1484.0	1484.00

General

006

Category/ Type

State

FL

Disbursement For: 2014

Primary

Zip Code

33916

City

Fort Myers

Purpose of Disbursement

House

Senate

Campaign Banner

Candidate Name

Office Sought:

Amount of Each Disbursement this Period

Transaction ID: SB17.4203

74.20

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

	Detailed Sur	mmary	Page	20a 20b 20c 21					
	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.								
$\rangle$	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS								
	Full Name (Last, First, Middle Initial)								
۹.	State of Florida			Date of Disbursement					
	Mailing Address Division of Elections 500 S Bronogh street			02 21 2014					
	City State Zip Code			Amount of Each Disbursement this Period					
	Tallahassee FL 32399-02 Purpose of Disbursement	250		10440.00					
	Qualifying Fee		001	Transaction ID : SB17.4185					
	Candidate Name		Category/ Type						
	Office Sought:    House								
3.	Full Name (Last, First, Middle Initial) Watch Street Consulting	Date of Disbursement							
	Mailing Address 1125 W Patterson	03 05 2014							
	City State Zip Code Chicago IL 60613	Э		Amount of Each Disbursement this Period					
	Purpose of Disbursement Campaign Website Development	004	750.00 Transaction ID : SB17.4193						
	Candidate Name		Category/ Type	Transaction is 1 op 11.4100					
	Office Sought:    House		ary						
	Full Name (Last, First, Middle Initial)			Data of Dishursament					
Э.	Watch Street Consulting			Date of Disbursement					
	Mailing Address 1125 W Patterson			03 20 7 2014					
	City State Zip Code			Amount of Each Disbursement this Period					
	Chicago IL 60613  Purpose of Disbursement Campaign Website Development		004	450.00					
	Candidate Name		Category/ Type	Transaction ID : SB17.4166					
	Office Sought:    House								
s	SUBTOTAL of Disbursements This Page (optional)								
T	TOTAL This Period (last page this line number only)								

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

				Detailed Summai	ry Page		20a	20b	20c	21
			s and Statements ma sing the name and a				the purp	ose of solic	iting contrib	utions
$\rangle$	NAME OF COMMIT	TEE (In Full) FOR CONGR								
۹.	Full Name (Last, Firs Watch Street  Mailing Address 112	Consulting				Date		ursement	Y Y Y Y 2014	Y
	City Chicago Purpose of Disburse Campaign Website Candidate Name	ement Development	State IL	Zip Code 60613	004 Category/		, ,	ch Disburs	ement this F 600.	-
		House Senate President istrict:	Disbursement For: Primary Other (sp	2014 General Decify) Special-Pri	Type mary					
3.	Full Name (Last, Firs	st, Middle Initial)				Date	of Disbu	irsement	Y " Y " Y	Y
		House Senate President istrict:	State  Disbursement For: Primary Other (sp	General	Category/ Type	Amou	unt of Ea	ch Disburs	ement this F	Period
Э.	Full Name (Last, First Mailing Address  City  Purpose of Disburse		State Zip	o Code		M		D D /	Y Y Y Y ement this F	
	Candidate Name  Office Sought:  State:  D	House Senate President istrict:	Disbursement For: Primary Other (sp	General	Category/ Type					
SI	<b>UBTOTAL</b> of Disburs	sements This Page	(optional)			F			600. 13724.	-

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

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

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Detailed Summary Page Transaction ID: SC/10.4218 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 47.94 0.00 47.94 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 <sup>M</sup> 12<sup>M</sup> <sup>D</sup>26 2013 <sup>M</sup>10 0005 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 47.94 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.4244 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 750.00 0.00 750.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 01 <sup>M</sup> <sup>D</sup>22 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 750.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Detailed Summary Page Transaction ID: SC/10.4235 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 35.00 0.00 35.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 01<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 35.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4236 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11.20 0.00 11.20 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> <sup>D</sup>30 010 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 11.20 TOTALS This Period (last page in this line only) ......

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

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4228 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 51.89 0.00 51.89 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> 02 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 51.89 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Detailed Summary Page Transaction ID: SC/10.4245 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 109.70 0.00 109.70 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> 05 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 109.70 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4226 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 14.52 0.00 14.52 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 14.52 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4248 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 75.00 0.00 75.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>10 <sup>D</sup>31 <sup>D</sup> 0003 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 75.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4249 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5.00 0.00 5.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> 08 ž014 <sup>M</sup>10 <sup>D</sup>31 <sup>D</sup> 0003 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4234 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 238.00 0.00 238.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>10<sup>D</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 238.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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13b Transaction ID: SC/10.4231 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6.77 0.00 6.77 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>11 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6.77 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4237 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 330.72 0.00 330.72 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup> 11 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 330.72 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4227 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 24.06 0.00 24.06 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>12 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 24.06 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4239 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 16.00 0.00 16.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 18<sup>D</sup> 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 16.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4242 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 19.00 0.00 19.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> 20 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 19.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4250 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>21 <sup>D</sup> 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>™</sup>12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4230 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4.02 0.00 4.02 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>24 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4.02 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4251 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>24 ž014 <sup>™</sup>12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4238 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 8.00 0.00 8.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 8.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4241 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 32.00 0.00 32.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 32.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4252 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 280.00 0.00 280.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 010 <sup>M</sup> 03<sup>M</sup> ž014 <sup>™</sup>12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 280.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4225 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 130.37 0.00 130.37 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 14 <sup>D</sup> 010 <sup>M</sup> 03<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 130.37 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4240 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6.36 0.00 6.36 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 010 <sup>M</sup> 03<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6.36 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4233 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 29.27 0.00 29.27 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 03<sup>M</sup> 20 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 29.27 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4243 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 19.00 0.00 19.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 03<sup>M</sup> 20 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 19.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4257 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 03<sup>M</sup> 20 ž014 <sup>™</sup>12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4229 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 131.43 0.00 131.43 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 03<sup>M</sup> <sup>D</sup>22 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 131.43 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4223 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 133.55 0.00 133.55 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 04 02 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 133.55 TOTALS This Period (last page in this line only) ...... 10639.17 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.