

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

DREIKORN FOR CONGRESS

ADDRESS (number and street)

PO BOX 654

Check if different than previously reported. (ACC)

BOKEELIA

FL

33922

2. FEC IDENTIFICATION NUMBER

C C00556464

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

FL

19

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

06

24

2014

in the State of

FL

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



General (30G)



Runoff (30R)



Special (30S)

Election on

in the State of

5. Covering Period

12

26

2013

through

04

02

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Darlene Soler

Signature of Treasurer Darlene Soler

[Electronically Filed]

Date

04

10

2014

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
DREIKORN FOR CONGRESS

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))....	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. Cash on Hand at Close of Reporting Period (from Line 27).....	2633.84	
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).....	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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

DREIKORN FOR CONGRESS

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).....	6125.00	6125.00
(ii) Unitemized.....	925.00	925.00
(iii) TOTAL of contributions from individuals ▶	7050.00	7050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7050.00	7050.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10639.17	10639.17
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10639.17	10639.17
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17689.17	17689.17

DETAILED SUMMARY PAGE
of Disbursements

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
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15055.33	15055.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17689.17
25. SUBTOTAL (add Line 23 and Line 24).....	17689.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15055.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2633.84

**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 49
	<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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Cammick

Mailing Address Box 400

City: Matlacha State: FL Zip Code: 33993

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 12 / 2014

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period: 500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
John Cammick

Mailing Address Box 400

City: Matlacha State: FL Zip Code: 33993

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date: 525.00

Date of Receipt: 02 / 12 / 2014

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period: 25.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Robert Cook

Mailing Address 6218 Winnepeg Dr

City: Burke State: VA Zip Code: 22015

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

Name of Employer: Federal Aviation Administration Occupation: Aviation Safety Inspector

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 20 / 2014

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period: 250.00

Credit Card

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

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

775.00

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

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

FOR LINE NUMBER: PAGE 6 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Karl Dreikorn

Mailing Address PSC 476 Box 66

City State Zip Code
FPO AP 96322-0066

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

Name of Employer Occupation
US Navy Facility Engineer

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Rick Lossner

Mailing Address 5014 County Road 3519

City State Zip Code
Greenville TX 75402

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

Name of Employer Occupation
FCN Sales

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2014

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Dareld R Morris II

Mailing Address 13710 Metropolis Ave
Suite 108

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
2000.00

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 7 OF 49
	<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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald Pierce

Mailing Address 33751 Blessington Lane

City San Juan Capistrano State CA Zip Code 92675

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
 2600.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Robert Ponchak

Mailing Address 8715 52nd Ave E

City Bradenton State FL Zip Code 34211

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
 250.00

Credit Card

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

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).....

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

2850.00

6125.00

**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 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 26 / 2013

Transaction ID : SA13A.4218

Amount of Each Receipt this Period
 _____ 47.94

IPower

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA13A.4244

Amount of Each Receipt this Period
 _____ 750.00

Watch Street Consulting

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA13A.4235

Amount of Each Receipt this Period
 _____ 35.00

Bokeelia Post Office

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

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

_____ 832.94

**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 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
844.14

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : SA13A.4236

Amount of Each Receipt this Period
11.20
Bokeelia Post Office

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
896.03

Date of Receipt
M M / D D / Y Y Y Y
02 / 02 / 2014

Transaction ID : SA13A.4228

Amount of Each Receipt this Period
51.89
Office Max

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1005.73

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : SA13A.4245

Amount of Each Receipt this Period
109.70
VistaPrint

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

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

172.79

**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 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1020.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : SA13A.4226

Amount of Each Receipt this Period
14.52
Little Lillys Island Deli

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1095.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : SA13A.4248

Amount of Each Receipt this Period
75.00
Cash Deposit

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1100.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2014

Transaction ID : SA13A.4249

Amount of Each Receipt this Period
5.00
Cash Donation (Site test)

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

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

94.52

**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 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1338.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 10 / 2014

Transaction ID : SA13A.4234

Amount of Each Receipt this Period
238.00
 PBS Studio Inc

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1345.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : SA13A.4231

Amount of Each Receipt this Period
6.77
 McDonald's

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1675.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : SA13A.4237

Amount of Each Receipt this Period
330.72
 Applestitch Inc

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

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

575.49

**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 12 OF 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1699.80

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA13A.4227

Amount of Each Receipt this Period
 24.06
 Little Lillys Island Deli

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1715.80

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA13A.4239

Amount of Each Receipt this Period
 16.00
 FMRWC

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1734.80

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA13A.4242

Amount of Each Receipt this Period
 19.00
 NationBuilder

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

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

59.06

**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 13 OF 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
4734.80

Date of Receipt
 M M / D D / Y Y Y Y
02 21 2014

Transaction ID : SA13A.4250

Amount of Each Receipt this Period
3000.00

Cash Deposit

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
4738.82

Date of Receipt
 M M / D D / Y Y Y Y
02 24 2014

Transaction ID : SA13A.4230

Amount of Each Receipt this Period
4.02

Office Max

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
7738.82

Date of Receipt
 M M / D D / Y Y Y Y
02 24 2014

Transaction ID : SA13A.4251

Amount of Each Receipt this Period
3000.00

Cash Deposit

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

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

6004.02

**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 14 OF 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **7746.82**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA13A.4238

Amount of Each Receipt this Period
 8.00

BUPAC

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **7778.82**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA13A.4241

Amount of Each Receipt this Period
 32.00

Fed Ex

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **8058.82**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA13A.4252

Amount of Each Receipt this Period
 280.00

Cash Deposit

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

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

320.00

**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 15 OF 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
8189.19

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA13A.4225

Amount of Each Receipt this Period
130.37

Office Max

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
8195.55

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 15 / 2014

Transaction ID : SA13A.4240

Amount of Each Receipt this Period
6.36

Homer Helters Antiques Military Mall

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
8325.92

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA13A.4224

Amount of Each Receipt this Period
130.37

Staples Office Supplies

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

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

267.10

**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 16 OF 49
	<input type="checkbox"/> 11a 12 <input checked="" 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)
DREIKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **8355.19**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA13A.4233

Amount of Each Receipt this Period
29.27

IHop

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **8374.19**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA13A.4243

Amount of Each Receipt this Period
19.00

NationBuilder

C. Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City BOKEELIA State FL Zip Code 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer The IPL Group, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **10374.19**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA13A.4257

Amount of Each Receipt this Period
2000.00

Cash Deposit

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

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

2048.27

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 17 OF 49				
	<input type="checkbox"/> 11a 12 <input checked="checked" 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)
DREIKORN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
10505.62

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2014

Transaction ID : SA13A.4229

Amount of Each Receipt this Period
131.43
Staples Office Supplies

B.

Full Name (Last, First, Middle Initial)
MICHAEL JOHN DREIKORN

Mailing Address 5697 Bay Point Road

City State Zip Code
BOKEELIA FL 33922

FEC ID number of contributing federal political committee. **C H4FL19108**

Name of Employer Occupation
The IPL Group, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
10639.17

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA13A.4223

Amount of Each Receipt this Period
133.55
Staples Office Supplies

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	264.98
TOTAL This Period (last page this line number only).....	10639.17

**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 49			
	<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)
DREIKORN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Artype, Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 3530 Work Drive		Amount of Each Disbursement this Period 323.30 Transaction ID : SB17.4201
City Fort Myers	State FL	
Purpose of Disbursement Bumper Stickers		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. Artype, Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 3530 Work Drive		Amount of Each Disbursement this Period 1086.50 Transaction ID : SB17.4202
City Fort Myers	State FL	
Purpose of Disbursement Yard Signs		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) c. Artype, Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 3530 Work Drive		Amount of Each Disbursement this Period 74.20 Transaction ID : SB17.4203
City Fort Myers	State FL	
Purpose of Disbursement Campaign Banner		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1484.00
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 19 OF 49			
	<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)
DREIKORN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. State of Florida		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address Division of Elections 500 S Bronogh street		Amount of Each Disbursement this Period 10440.00 Transaction ID : SB17.4185
City Tallahassee	State FL	
Zip Code 32399-0250	Purpose of Disbursement Qualifying Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) B. Watch Street Consulting		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 1125 W Patterson		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4193
City Chicago	State IL	
Zip Code 60613	Purpose of Disbursement Campaign Website Development	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) c. Watch Street Consulting		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014
Mailing Address 1125 W Patterson		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4166
City Chicago	State IL	
Zip Code 60613	Purpose of Disbursement Campaign Website Development	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11640.00
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 20 OF 49		
	<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)
DREIKORN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Watch Street Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1125 W Patterson		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4209
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Campaign Website Development	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
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	Category/Type	
Candidate Name		
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.		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	Category/Type	
Candidate Name		
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).....	600.00
TOTAL This Period (last page this line number only).....	13724.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DREIKORN FOR CONGRESS** Transaction ID : **SC/10.4218**

LOAN SOURCE Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 5697 Bay Point Road		

City	State	ZIP Code
BOKEELIA	FL	33922

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:
M 12 / D 26 / Y 2013	M 10 / D 05 / Y 0005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4244

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

22

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4235

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

35.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

27

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **DREIKORN FOR CONGRESS** Transaction ID : **SC/10.4236**

LOAN SOURCE Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 5697 Bay Point Road		

City	State	ZIP Code
BOKEELIA	FL	33922

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:
M 01 / D 30 / Y 2014	M 09 / D 01 / Y 0011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4228

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

51.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

51.89

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02 / 02 / 2014

09 / 01 / 0011

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4245

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

109.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

109.70

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 02 M /

D 05 D /

Y 2014 Y

M 09 M /

D 01 D /

Y 0011 Y

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4226

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

14.52

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

14.52

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 02 /

D 07 /

Y 2014 Y

M 09 /

D 01 /

Y 0011 Y

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4248

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

75.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 02 /

D 07 /

Y 2014 Y

M 10 /

D 31 /

Y 0003 Y

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **DREIKORN FOR CONGRESS** Transaction ID : **SC/10.4249**

LOAN SOURCE Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 5697 Bay Point Road		

City	State	ZIP Code
BOKEELIA	FL	33922

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:
M 02 / D 08 / Y 2014	M 10 / D 31 / Y 0003	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4234

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

238.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

238.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

10

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DREIKORN FOR CONGRESS** Transaction ID : **SC/10.4231**

LOAN SOURCE Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 5697 Bay Point Road		

City	State	ZIP Code
BOKEELIA	FL	33922

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:
M 02 / D 11 / Y 2014	M 09 / D 01 / Y 0011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4237

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

330.72

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

330.72

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

11

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4227

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

24.06

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

24.06

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

12

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4239

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

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:

02

18

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4242

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

19.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

20

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **DREIKORN FOR CONGRESS** Transaction ID : **SC/10.4250**

LOAN SOURCE Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 5697 Bay Point Road		

City	State	ZIP Code
BOKEELIA	FL	33922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 21 / Y 2014	M 12 / D 01 / Y 0006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4230

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

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:

02

24

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4251

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

24

2014

12

01

0006

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4238

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

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:

02 / 27 / 2014

09 / 01 / 0011

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4241

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

32.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

32.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

27

2014

09

01

0011

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DREIKORN FOR CONGRESS** Transaction ID : **SC/10.4252**

LOAN SOURCE Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 5697 Bay Point Road		

City	State	ZIP Code
BOKEELIA	FL	33922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
280.00	0.00	280.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 07 / Y 2014	M 12 / D 01 / Y 0006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4225

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

130.37

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

130.37

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 14 /

Y 2014 Y

M 09 /

D 01 /

Y 0011 Y

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **DREIKORN FOR CONGRESS** Transaction ID : **SC/10.4240**

LOAN SOURCE Full Name (Last, First, Middle Initial) MICHAEL JOHN DREIKORN	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 5697 Bay Point Road		

City	State	ZIP Code
BOKEELIA	FL	33922

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:
M 03 / D 15 / Y 2014	M 09 / D 01 / Y 0011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	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.

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4224

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

130.37

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

130.37

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 19 /

Y 2014 Y

M 09 /

D 01 /

Y 0011 Y

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4233

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

29.27

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

29.27

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 20 /

Y 2014 Y

M 09 /

D 01 /

Y 0011 Y

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4243

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

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:

M 03 / D 20 / Y 2014 Y

M 09 / D 01 / Y 0011 Y

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4257

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

20

2014

12

01

0006

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4229

DREIKORN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL JOHN DREIKORN

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

5697 Bay Point Road

City

State

ZIP Code

BOKEELIA

FL

33922

Original Amount of Loan

131.43

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

131.43

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 22 /

Y 2014 Y

M 09 /

D 01 /

Y 0011 Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **DREIKORN FOR CONGRESS** Transaction ID : **SC/10.4223**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
MICHAEL JOHN DREIKORN
 Mailing Address: 5697 Bay Point Road
 Primary
 General
 Other (specify) ▼
 Special-Primary

City: BOKEELIA State: FL ZIP Code: 33922

Original Amount of Loan: 133.55 Cumulative Payment To Date: 0.00 Balance Outstanding at Close of This Period: 133.55

TERMS
 Date Incurred: M 04 / D 02 / Y 2014 Date Due: M 09 / D 01 / Y 0011 Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 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.