

**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

Frederica S. Wilson for Congress

ADDRESS (number and street)

19821 NW 2nd Ave.

Box 354

Miami Gardens

FL

33169

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00460055

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

24

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

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 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 Mr. Larry Handfield

Signature of Treasurer Mr. Larry Handfield

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 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.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Frederica S. Wilson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	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))....	46950.00	199605.00
(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))	46950.00	199605.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24740.13	118165.00
(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))	24740.13	118165.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	167564.63	
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)	15906.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 24

Write or Type Committee Name

Frederica S. Wilson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

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).....

1500.00

16225.00

(ii) Unitemized.....

450.00

6380.00

(iii) TOTAL of contributions from individuals ▶

1950.00

22605.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

45000.00

177000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

46950.00

199605.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

46950.00

199605.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24740.13	118165.00
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	5850.00	6850.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30590.13	125015.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151204.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	46950.00
25. SUBTOTAL (add Line 23 and Line 24).....	198154.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30590.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	167564.63

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

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

FOR LINE NUMBER:

PAGE 5 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

Steven C. Rodger

Mailing Address 623 Lake Ave.

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing federal political committee.

C

Name of Employer

Equinox Capitol

Occupation

Founder and Managing Partner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : C8629478

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Lori Samuels

Mailing Address 10461 N Lake Vista Cir

City

Davie

State

FL

Zip Code

33328-1105

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

Political consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 03 / 2014

Transaction ID : C8455425

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

George Yapp

Mailing Address 2450 NW 76th St

City

Miami

State

FL

Zip Code

33147-6044

FEC ID number of contributing federal political committee.

C

Name of Employer

Leasa Industries, Inc.

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 08 / 2014

Transaction ID : C8463534

Amount of Each Receipt this Period

500.00

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

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

1500.00

1500.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Frederica S. Wilson for Congress

A. Full Name (Last, First, Middle Initial) American Association for Justice PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014	
Mailing Address 777 6 Street, NW Suite 200		Transaction ID : C8509111	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00024521			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10000.00	
B. Full Name (Last, First, Middle Initial) American Council of Life Insurers		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 101 CONSTITUTION AVE., NW SUITE 700		Transaction ID : C8629483	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00147066			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
C. Full Name (Last, First, Middle Initial) American Crystal Sugar PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014	
Mailing Address 101 N. 3rd Street		Transaction ID : C8509113	
City Moorhead	State MN	Zip Code 56560	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00110338			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	
SUBTOTAL of Receipts This Page (optional).....		11000.00	
TOTAL This Period (last page this line number only).....			

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

A. American Dental Political Action Committee

Mailing Address 1111 14 Street, NW

Suite 100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 04 2014

Transaction ID : C8503638

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. American Federation of Teachers

Mailing Address 555 New Jersey Ave., NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00028860

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y
03 28 2014

Transaction ID : C8629481

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. American Sugar Cane League PAC

Mailing Address P.O. Drawer 938

City

Thibodaux

State

LA

Zip Code

70302

FEC ID number of contributing
federal political committee.

C C00081414

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 21 2014

Transaction ID : C8618521

Amount of Each Receipt this Period

1000.00

7000.00

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)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Frederica S. Wilson for Congress

A. Full Name (Last, First, Middle Initial) Comcast Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1701 JFK Blvd.		Transaction ID : C8629482
City Philadelphia	State PA	
Zip Code 19103		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00248716		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

B. Full Name (Last, First, Middle Initial) DARDEN RESTAURANTS, INC. EMPLOYEES GOOD GOVERNMENT FUND		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1000 DARDEN CENTER DRIVE		Transaction ID : C8642057
City ORLANDO	State FL	
Zip Code 32837		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00108282		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

C. Full Name (Last, First, Middle Initial) Fedex PAC (Federal Express Political Action Committee)		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 942 Shady Grove Rd 1st Floor		Transaction ID : C8466141
City Memphis	State TN	
Zip Code 38120		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C C00068692		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

Florida Health PAC

A.

Mailing Address PO Box 6936

City

Jacksonville

State

FL

Zip Code

32236

FEC ID number of contributing
federal political committee.

C C00161141

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y
01 24 2014

Transaction ID : C8466140

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE

B.

Mailing Address PO BOX 3435

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C C00410068

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 28 2014

Transaction ID : C8642060

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

INTL ASSN OF MACHINISTS AND AEROSPACE WORKERS

C.

Mailing Address 9000 MACHINISTS PLACE

City

UPPER MARLBORO

State

MD

Zip Code

20772

FEC ID number of contributing
federal political committee.

C C70000435

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
02 04 2014

Transaction ID : C8503637

Amount of Each Receipt this Period

5000.00

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

7500.00

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.

SECOND FLOOR

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00007922

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y
02 28 2014

Transaction ID : C8526855

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Massachusetts Mutual Life Insurance Co.

Mailing Address 1295 STATE STREET

City

SPRINGFIELD

State

MA

Zip Code

01111

FEC ID number of contributing
federal political committee.

C C00118943

Name of Employer

Occupation

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 24 2014

Transaction ID : C8646731

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Minn-Dak Farmers Cooperative PAC

Mailing Address 7525 Red River Rd.

City

Wahpeton

State

ND

Zip Code

58075

FEC ID number of contributing
federal political committee.

C C00164939

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 27 2014

Transaction ID : C8646733

Amount of Each Receipt this Period

1000.00

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

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

6000.00

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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	------------------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

A.

Mailing Address 2901 TELESTAR CT.

City

FALLS CHURCH

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C C00005249

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : C8609291

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 NORTH MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8646732

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City

LONG BRANCH

State

NJ

Zip Code

07740

FEC ID number of contributing
federal political committee.

C C00226928

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : C8598523

Amount of Each Receipt this Period

2000.00

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

4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

PricewaterhouseCoopers

Mailing Address 1301 K STREET, NW
SUITE 800W

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00107235

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y
03 21 2014

Transaction ID : C8618522

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

SIFMA

Mailing Address 1101 NEW YORK AVENUE, NW
8TH FLOOR

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00431312

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 21 2014

Transaction ID : C8517206

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing
federal political committee.

C C00166348

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 25 2014

Transaction ID : C8646741

Amount of Each Receipt this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

UNITED TRANSPORTATION UNION POLITICAL ACTION COMMI

Mailing Address 24950 Country Club Blvd, Ste 340

City State Zip Code
 North Olmsted OH 44070

FEC ID number of contributing
federal political committee.

C C00001636

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 02 10 2014

Transaction ID : C8509112

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B.
 Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.
 Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

45000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Consulting - Fundraising and Compliance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : D557702

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Consulting - Fundraising and Compliance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : D557711

C. Angerholzer Broz ConsultingMailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign Phone and Postage Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2014

Amount of Each Disbursement this Period

26.38

Transaction ID : D557712

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

9026.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Consulting - Fundraising and Compliance

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : D558714

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Phone Expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2014

Amount of Each Disbursement this Period

25.00

Transaction ID : D558715

c. Bank of America, NA

Mailing Address 201 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

Amount of Each Disbursement this Period

78.31

Transaction ID : D557703

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

4603.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Bank of America, NA

Mailing Address 201 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Bank Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

Amount of Each Disbursement this Period

43.00

Transaction ID : D557704

B. Bank of America, NA

Mailing Address 201 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Bank Service Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

123.00

Transaction ID : D560202

c. Bank of America, NA

Mailing Address 201 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Bank Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2014

Amount of Each Disbursement this Period

39.95

Transaction ID : D560203

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

205.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Greater North Miami Chamber of Commerce

Mailing Address 13100 West Dixie Highway

City	State	Zip Code
Miami	FL	33161

Purpose of Disbursement
Membership Dues

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:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 13 / 2014

Amount of Each Disbursement this Period

175.00

Transaction ID : D559317

B. H&W Printing

Mailing Address 3616 Oak Ln

City	State	Zip Code
Mount Rainier	MD	20712

Purpose of Disbursement
Campaign Printing Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 03 / 2014

Amount of Each Disbursement this Period

1618.28

Transaction ID : D557701

c. NGP Software, Inc.Mailing Address 1225 I St NW
Ste 1225

City	State	Zip Code
Washington	DC	20005-5918

Purpose of Disbursement
Campaign Software

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:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 03 / 2014

Amount of Each Disbursement this Period

2100.00

Transaction ID : D557700

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

3893.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

A. PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICAMailing Address 950 F St.
Suite 300

City Washington State DC Zip Code 20004

Purpose of Disbursement
Campaign Event Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

5500.00

Transaction ID : D557705

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Mail Box Renewal Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

331.00

Transaction ID : D557709

c. The UPS Store

Mailing Address 19821 NW 2nd Ave.

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement
Mail Box Renewal Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

331.00

Transaction ID : D557710

[MEMO ITEM]

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

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

5831.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign Food and Beverage Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	19	2014

Amount of Each Disbursement this Period

1180.21

Transaction ID : D557713

B. Levy Restaurants

Mailing Address 601 F St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Campaign Food and Beverage Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	19	2014

Amount of Each Disbursement this Period

1180.21

Transaction ID : D557714

[MEMO ITEM]

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

1180.21

24740.13

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 24

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L390

Frederica S. Wilson for Congress

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

[PERSONAL FUNDS]

Ms. Frederica S Wilson PERS FUNDS

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1018 NW 204 St

City

State

ZIP Code

Miami

FL

33169

Original Amount of Loan

250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250.00

TERMS

Date Incurred

M 03 / D 13 / Y 2009

Date Due

M M / D D / Y No due date

Interest Rate

None % (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)..... ►

250.00

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

PAGE 22 OF 24

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L575

Frederica S. Wilson for Congress

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

[PERSONAL FUNDS]

Ms. Frederica S Wilson PERS FUNDS

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1018 NW 204 St

City

State

ZIP Code

Miami

FL

33169

Original Amount of Loan

4500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2009

Date Due

M M / D D / Y Y Y Y
No Due Date

Interest Rate

None

% (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)..... ►

4500.00

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

PAGE 23 OF 24

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L579

Frederica S. Wilson for Congress

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

[PERSONAL FUNDS]

Ms. Frederica S Wilson PERS FUNDS

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1018 NW 204 St

City

State

ZIP Code

Miami

FL

33169

Original Amount of Loan

50000.00

Cumulative Payment To Date

39500.00

Balance Outstanding at Close of This Period

10500.00

TERMS

Date Incurred

M M / D D / Y Y
08 / 20 / 2010

Date Due

M M / D D / Y Y
None

Interest Rate

None

% (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)..... ►

10500.00

TOTALS This Period (last page in this line only)..... ►

15250.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 24

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Frederica S. Wilson for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Political Development Group

Nature of Debt (Purpose):

Event Food and Beverage Expense

Mailing Address 499 South Capitol St SW
Ste 422

City State

Zip Code

Washington

DC

20003

Outstanding Balance Beginning This Period

656.00

Transaction ID : D534939

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

656.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

656.00

2) **TOTALS** This Period (last page this line number only)

656.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

15250.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

15906.00