

# 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  
**BRONSON FOR CONGRESS**

ADDRESS (number and street) PO BPOX 1507  
 Check if different than previously reported. (ACC) LEHIGH ACRES FL 33970

2. **FEC IDENTIFICATION NUMBER** C C00563353 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
FL 17

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 10 / 14 / 2012 through M M / D D / Y Y Y Y 06 / 30 / 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 WILL BRONSON

Signature of Treasurer WILL BRONSON [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 14 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 13

Write or Type Committee Name

**BRONSON FOR CONGRESS**

Report Covering the Period: From:   /     2012 To:   /     2014

	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))....	14009.00	14009.00
(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)).....	14009.00	14009.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1380.38	1380.38
(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)).....	1380.38	1380.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	788.62	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BRONSON FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8150.00	8150.00
(ii) Unitemized.....	3609.00	3609.00
(iii) TOTAL of contributions from individuals ▶	11759.00	11759.00
(b) Political Party Committees.....	250.00	250.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2000.00	2000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14009.00	14009.00
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	14009.00	14009.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1380.38	1380.38
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 .....	11840.00	11840.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13220.38	13220.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14009.00
25. SUBTOTAL (add Line 23 and Line 24).....	14009.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13220.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	788.62

**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 13
	<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)  
**BRONSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>EILEEN GAME</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address		<b>Transaction ID : SA11AI.4221</b>
City	State Zip Code	
AVON PARK	FL	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
SELF	COMPUTER SPECIALIST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>KEITH HAMLIN</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 8 ROCK GATE FARM RD		<b>Transaction ID : SA11AI.4149</b>
City	State Zip Code	
BEDFORD CORNERS	NY 10549	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
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 250.00	

Full Name (Last, First, Middle Initial) <b>HASAN HAMMAMI</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2014
Mailing Address		<b>Transaction ID : SA11AI.4206</b>
City	State Zip Code	
PUNTA GORDA	FL	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.	C	PAYPAL 500.00
Name of Employer	Occupation	
RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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)	PAGE 6 OF 13
	<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)  
**BRONSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY KUSHNER**

Mailing Address

City: FT MYERS State: FL Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation: ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 25 / 2014

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period: 250.00

PAYPAL

**B.** Full Name (Last, First, Middle Initial)  
**GREGORY MANOCHERIAN**

Mailing Address: 8 ROCK GATE FARM ROAD

City: BEDFORD CORNERS State: NY Zip Code: 10549

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 30 / 2014

**Transaction ID : SA11AI.4151**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES McCLINTON**

Mailing Address: 5028 PELICAN BLVD

City: CAPE CORAL State: FL Zip Code: 33914

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 03 / 19 / 2014

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period: 300.00

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

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

1050.00

**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 13
	<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)  
**BRONSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES McCLINTON**

Mailing Address 5028 PELICAN BLVD

City CAPE CORAL State FL Zip Code 33914

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

Name of Employer RETIRED Occupation

Receipt For: 14  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
**100.00**  
 PAYPAL

**B.** Full Name (Last, First, Middle Initial)  
**ELLIAN MILLION**

Mailing Address 2023 QUEEN AVE

City SEBRING State FL Zip Code 33875

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

Name of Employer RETIRED 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  
**04 / 20 / 2014**

**Transaction ID : SA11AI.4102**

Amount of Each Receipt this Period  
**1500.00**

**C.** Full Name (Last, First, Middle Initial)  
**ELLIAN MILLION**

Mailing Address 2023 QUEEN AVE

City SEBRING State FL Zip Code 33875

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

Name of Employer RETIRED 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  
**04 / 20 / 2014**

**Transaction ID : SA11AI.4185**

Amount of Each Receipt this Period  
**500.00**

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

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

**2100.00**

**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 13
	<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)  
**BRONSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JERRY MILLION**

Mailing Address 2023 QUEEN AVE

City State Zip Code  
SEBRING FL 33875

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

Name of Employer Occupation  
RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : SA11AI.4210**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. LEWIS ROBINSON**

Mailing Address 17501 VILLAGE INLET CT

City State Zip Code  
FT MYERS FL 33901

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

Name of Employer Occupation  
DOCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. LEWIS ROBINSON**

Mailing Address 17501 VILLAGE INLET CT

City State Zip Code  
FT MYERS FL 33901

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

Name of Employer Occupation  
DOCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.4212**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<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)  
**BRONSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ELLIAN WILLIAM**

Mailing Address

City State Zip Code  
FL

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2014

**Transaction ID : SA11AI.4161**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**REBECCA WYNKOOP**

Mailing Address 109 LA CASA

City State Zip Code  
LAKE WALES FL 33896

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

Name of Employer Occupation  
RETIRED

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 / 11 / 2014

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
500.00

**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).....

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

1000.00

8150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<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)  
**BRONSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RAINBOW RIDGE DEMOCRATS**

Mailing Address 11067 S LAKESHORE DR

City LAKE WALES State FL Zip Code 33853

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : SA11B.4109**

Amount of Each Receipt this Period  
 250.00

**B.** 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

**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).....

250.00

250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 13	
	<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)  
**BRONSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DANIEL KADIN AND ASSOC.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 115 W 73RD STREET		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4232</b>
City NEW YORK State NY Zip Code 10023	Purpose of Disbursement FUNDRAISING INVOICE Category/Type 003	
Candidate Name <b>WILL BRONSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 17		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.4251</b>
City FT MYERS State FL Zip Code	Purpose of Disbursement OFFICE SUPPLIES Category/Type 004	
Candidate Name <b>BRONSON FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 14 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 17		

Full Name (Last, First, Middle Initial) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	830.00
<b>TOTAL</b> This Period (last page this line number only).....	830.00

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

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

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NAME OF COMMITTEE (In Full)  
**BRONSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WILL BRONSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 1507		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4247</b>
City LEHIGH ACRES State FL Zip Code 33970	Purpose of Disbursement LOAN REPAYMENT 009 Category/Type	
Candidate Name <b>BRONSON FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 17		

Full Name (Last, First, Middle Initial) <b>B. PETTY CASH</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB21.4238</b>
City LEHIGH ACRES State FL Zip Code	Purpose of Disbursement DEPOSIT TO PETTY CASH 008 Category/Type	
Candidate Name <b>WILL BRONSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 17		

Full Name (Last, First, Middle Initial) <b>C. SECRETARY OF STATE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address Room 316, R.A. Gray Building, 500		Amount of Each Disbursement this Period 10440.00 <b>Transaction ID : SB21.4230</b>
City TALLEHASSEE State FL Zip Code 32399-0250	Purpose of Disbursement FILING FEE 001 Category/Type	
Candidate Name <b>WILL BRONSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11840.00
<b>TOTAL</b> This Period (last page this line number only).....	11840.00