PAGE 1/9

Image# 14941282213

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office Us	e Only	
1. NAME COMMI	OF TTEE (in full)	TYPE OR PR	INT ▼		nple: If typi the lines.	ng, type	12FE	4M5			
A Bright	Future										1
ADDRESS (number and street)	975 6th Ave	enue South								
Ch	eck if different	Ste. 200									
tha	n previously ported. (ACC)	Naples					FL	L	34102		
2. FEC I D	ENTIFICATION NU	MBER ▼	CIT	Y 🛦			STATE	\	:	ZIP COI	DE 🛦
С	C00560367		3. IS	THIS EPORT		NEW (N) OR	×	AME (A)	ENDED		
4. TYPE (Choose	OF REPORT	(b) Month Report	i L	20 (M2)		May 20 (M5)	Aug 2	0 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Qu	arterly Reports:	Due C	Mar	20 (M3)		Jun 20 (M6)			0 (M9)		Dec 20 (M12) (Non-Election Year Only)
П	April 15 Quarterly Report (Q1		Apr 2	20 (M4)	Ш	Jul 20 (M7)	⊔	Oct 20) (M10)	ᆜ	Jan 31 (YE)
	July 15 Quarterly Report (Q2	(C) 1 P	2-Day PRE -Election	H	Primary (12			neral (1	,	Ш	Runoff (12R)
П	October 15	F	Report for the:		Convention	(12C)	Sp	ecial (12	2S)		
ō	Quarterly Report (Q3 January 31 Year-End Report (YE		Election	n on	M = M /	D D /	YYY	Y Y		in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 3	0-Day OST-Election Report for the:		General (30	G)	Ru	noff (30	R)		Special (30S)
×	Termination Report (TER)		Election	n on	M = M /	D = D /	Y I Y I	Y		in the State of	
5. Coverin	g Period 04	03	2014	Y	through	M N	/ D	D /	y y 201	4 Y	
I certify that	I have examined this	s Report and	I to the best of	my know	ledge and	belief it is t	rue, corre	ct and	complet	e.	
Type or Prin	t Name of Treasurer	Michael Pri	ice								
Signature of	Signature of Treasurer Michael Price [Electronically Filed] Date MMM O O O O O O O O O O O										
NOTE: Subm	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.										
ı l	ffice Jse Only									FOR ev. 12/20	M 3X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name A Bright Future 03 2014 05 2014 Report Covering the Period: 15 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 109980.00 109980.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 109980.00 109980.00 6(a) and 6(c) for Column B)..... 109980.00 109980.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 0.00 0.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) 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 3X (Rev. 06/2004)

Write or Type Committee Name

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<i>,</i> ,		111		ituio

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:	Total Tills Teriou	Outeridat Teal to Bate		
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	109980.00	109980.00		
(ii) Unitemized	0.00	0.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	, 109980.00	109980.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry		400000.00		
Totals to Line 33, page 5)▶	109980.00	109980.00		
. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
3. All Loans Received	0.00	0.00		
. All Loans neceived		3.00		
Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures	7			
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
5. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	0.00		
	0.00	5.50		
Other Federal Receipts	2.02	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
-				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
). Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	109980.00	109980.00		
). Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	109980.00	109980.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	2000	20.00		
Expenditures	60.00	60.00		
(add 21(a)(i), (a)(ii), and (b)) ▶	60.00	60.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	106750.00	106750.00		
(use Schedule E)	0.00			
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	3170.00	3170.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	2470.00			
(add Lines 28(a), (b), and (c))▶	3170.00	3170.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	109980.00	109980.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	109980.00	109980.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	109980.00	109980.00
4. Total Contribution Refunds (from Line 28(d))	3170.00	3170.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106810.00	106810.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	60.00	60.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	60.00	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) A Bright Future Full Name (Last, First, Middle Initial) David Brown Date of Receipt Mailing Address 3577 West Gulf Drive 04 03 2014 City State Zip Code Transaction ID: SA11AI.4128 FL Sanibel 33957 Amount of Each Receipt this Period FEC ID number of contributing C 99990.00 federal political committee. Donation Name of Employer Occupation Manufacturer Receipt For: Aggregate Year-to-Date ▼ Primary General 99990.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Brown Date of Receipt Mailing Address 3577 West Gulf Drive 04 10 2014 City Zip Code State Transaction ID: SA11AI.4119 FL Sanibel 33957 Amount of Each Receipt this Period FEC ID number of contributing C 9990.00 federal political committee. Contribution Name of Employer Occupation Manufacturer Receipt For: Aggregate Year-to-Date ▼ Primary General 109980.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 109980.00 SUBTOTAL of Receipts This Page (optional)..... 109980.00 TOTAL This Period (last page this line number only).....

To each category of the botaled Summary Page 2 27 28 28 24 25 27 28 28 29 24 25 27 28 28 28 29 24 25 27 28 28 28 28 29 24 25 27 28 28 28 28 28 28 28 28 28 28 28 28 28	SCHEDULE B (FEC Form 3X)	Lloo concrete achertule/-\	FOR LINE		PAGE 7 OF 9	
Detailed Summary Page 27 28 28 28 28 28 28 28 28 28 28 28 28 28	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	I ` — ·			
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) A Bright Future Full Name (Last, First, Middle Initial) Date of Disbursement Office Sought: House Prinsign President Candidate Name Category/ Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ Date of Disbursement Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this						
NAME OF COMMITTEE (In Full) A Bright Future Full Name (Last, First, Middle Initial) David Brown Mailing Address 3577 West Gulf Drive City Sanibel FL 33957 Purpose of Disbursement Refund. Terminating Committee Candidate Name City State: Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement Candidate Name City State: Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Type Type Type Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type						
A David Brown Mailing Address 3577 West Gulf Drive City State Zip Code FL 33957 Purpose of Disbursement Refund - Terminating Committee Candidate Name Candidate Name City Senate Primary General Primary General Primary General Prisadent State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Primary Gen	NAME OF COMMITTEE (In Full)					
Mailing Address 3577 West Gulf Drive City Sanibel FL 33957 Furpose of Disbursement Refund - Terminating Committee Candidate Name Category/ President State: District: Full Name (Last, First, Middle Initial) Candidate Name City State: Zip Code Purpose of Disbursement Candidate Name Category/ Type Disbursement Candidate Name Category/ Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Disbursement Category/ Type Othice Sought: House President Charles City State: District: District: Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Category	,			Data of Dishu	voo mont	
Mailing Address 3577 West Gulf Drive City State Zip Code FL 33957 Primpose of Disbursement Return - Terminating Committee Candidate Name City State Zip Code Primary General Primary General Other (specify) Type Senate Primary General Other (specify) Type City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Condidate Name	A. David Brown			M M / D D / Y Y Y Y		
Sanibel FL 33957 Purpose of Disbursement Refund - Terminating Committee Candidate Name Category/ Type Office Sought: House President	Mailing Address 3577 West Gulf Drive					
Refund - Terminating Committee Candidate Name Category/ Type Office Sought:	Sanibel			Transaction	ID : SB28A.4125	
Office Sought: House Senate President State: District: Senate President Other (specify) ▼ State: District: Senate President Other (specify) ▼ Bull Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House President Other (specify) ▼ End Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: Senate Primary General Other (specify) ▼ Substotal Other (specify) ▼	Refund - Terminating Committee		010	Amount of Ea	ch Disbursement this Period	
Office Sought: House Senate President State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) 3. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President District: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type District: District: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: Amount of Each Disbursement This Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Di	Candidate Name				3170.00	
Amount of Each Disbursement Category/ Type	Senate President	Primary General	.,,,,,		7	
Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement For: General Other (specify) ▼ Date of Disbursement this Period Date of Disbursement This Period Amount of Each Disbursement Date of Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Primary General Office Sought: House Primary General Office Sought: House Primary General Office Sought: Disbursement For: Primary General Office Sought: Disbursement This Page (optional)						
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name Disbursement For: General Other (specify) ▼ Date of Disbursement Candidate Name Candidate Name Candidate Name Disbursement For: Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement Amount of Each Disbursement this Period Other (specify) ▼ State: District: Other (specify) ▼ Substate: District: Distric	B.					
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Primary General Office Sought: President Senate Primary General Office Sought: Senate Primary General Office Sought: President State: District: Substortal of Disbursements This Page (optional)	Mailing Address					
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substoctal Category/ Type Other (specify) ▼ State: District: Substoctal Category/ Type Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ State: District:	City					
Office Sought:	Purpose of Disbursement			Amount of Ea	ch Disbursement this Period	
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate Primary General Other (specify) State: District: Substrate Disbursement For: General Other (specify) State: District: Substrate Tip Rege (optional) 3170.00	Candidate Name					
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substrict: Substrict: 3170.00	Senate President	Primary General	,,			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substruct: Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ 3170.00						
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	C.					
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substotal of Disbursements This Page (optional)	Mailing Address		M M / C) D		
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitute Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type 3170.00	City					
Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substotal of Disbursements This Page (optional)	Purpose of Disbursement					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Subtotal of Disbursements This Page (optional)	Candidate Name	Category/ Type				
CODITIONAL OF DISDUISCINCING THIS Flags (Optional)	Senate President	Primary General				
CODITIONAL OF DISDUISCINCING THIS Flags (Optional)	SURTOTAL of Dishursements This Page (ontional)				3170.00	
	OUDITION OF DISDUISEMENTS THIS FAGE (Uptional)			1	3170.00	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 8 FOR LINE	OF 9 24 OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)					FEC ID	DENTIFICATI	ON NUMBER ▼
Α	A Bright Future					I a T	C00560367	
Ch	neck if 24-hour report 48-hour report	New repo	ort Am	lends repc	ort filed on	M = M /	D D /	Y = Y = Y = Y
	Full Name of Payee				D:	ate of Public	c Distribution	/Dissemination
	Jill Gran					M M M /	04	^Y 2014
	Mailing Address 3904 Dunleer Court				Aı	mount		
	City	State	Zip Code	-				50000.00
	Tallahassee	FL	32309			nsaction ID ate of Disbu	D: SE.4101 ursement or	Obligation
	Purpose of Expenditure Media Production and airtime purchasing		Category/ Type	004		04	04	2014
	Name of Federal Candidate		X	Support	Office Sc	ought:	X House	District:19
	PAIGE MD KREEGEL			Oppose		esident	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought	, , ,	50000.00)	2014	ment For: Other (sp	Primary	y General Special-Primary
	Full Name of Payee				D	ate of Public	c Distribution	n/Dissemination
	Jill Gran					M M	/ D D /	Y
	Mailing Address 3904 Dunleer Court				A	.mount	09	2014
					г			12.150.00
	City Tallahassee	State FL	Zip Code 32309			ansaction ID	D: SE.4107 ursement or	48450.00 Obligation
	Purpose of Expenditure Media production and airtime purchase		Category/ Type	004		04 04	09	2014
	Name of Federal Candidate			Support	Office So	ought:	X House	District:19
	PAIGE MD KREEGEL			Oppose		esident	Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought	, , ,	98450.00	0	2014	ement For: Other (sp	Primar	y General Special-Primary
	(a) SUBTOTAL of Itemized Independent Expenditures.	\$				1 1 7	1 1 7	98450.00
	(b) SUBTOTAL of Unitemized Independent Expenditure	res			•			
	(c) TOTAL Independent Expenditures				·· • [1 1 7	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized						
	Michael Price	[Electron	ically Filed]	Date	e 06	/ 05	/ 20	14
	Signature		_	Date	·		-	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

		FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
A	Bright Future	C C00560367
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee Jill Gran	Date of Public Distribution/Dissemination
		04 / 11 / 2014
١	Mailing Address 3904 Dunleer Court	Amount
ı	City State Zip Code	6800.00
١	Tallahassee FL 32309	Transaction ID : SE.4120 Date of Disbursement or Obligation
	Purpose of Expenditure Media production and airtime purchase Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	Sought: X House District: 19
١	PAIGE MD KREEGEL Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary General Other (specify) ► Special-Primary
	Full Name of Payee Michael Price Mailing Address 8011 Via Monte Carlo Way	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	108 City State Zip Code	1500.00
	Estero FL 33928	Transaction ID : SE.4117
	Purpose of Expenditure Independant Contractor Assistance Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Name of Federal Candidate Support Office	e Sought: X House District: 19
	PAIGE MD KREEGEL Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary General Other (specify) ► Special-Primary
((a) SUBTOTAL of Itemized Independent Expenditures	8300.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	106750.00
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Date	6 05 2014
	Signature	

PAGE

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OF

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