

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

OWENS, BRIAN

ADDRESS (number and street)

2060 ISLA VISTA LN

Check if different than previously reported. (ACC)

NAPLES

FL

34105

2. FEC IDENTIFICATION NUMBER ▼

C C00509562

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

14

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

through

M M /

D D /

Y Y Y Y

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 Christopher Robert Whalen

Signature of Treasurer Christopher Robert Whalen

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

OWENS, BRIAN

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))....	171213.00	171213.00
(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)).....	171213.00	171213.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	125204.08	125204.08
(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)).....	125204.08	125204.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	46008.92	
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).....	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

OWENS, BRIAN

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).....	34310.00	34310.00
(ii) Unitemized.....	900.00	900.00
(iii) TOTAL of contributions from individuals ▶	35210.00	35210.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	136003.00	136003.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	171213.00	171213.00
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)..... ▶	171213.00	171213.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	125204.08	125204.08
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) ►	125204.08	125204.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	171213.00
25. SUBTOTAL (add Line 23 and Line 24).....	171213.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	125204.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	46008.92

**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 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
Michael & Meryl Anapol

Mailing Address 2423 Indian Pipe Way

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 22 2012

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
500.00

Campaign Donation

B. Full Name (Last, First, Middle Initial)
Galen Barnes

Mailing Address 3300 Hamlet Dr.

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 07 2012

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period
500.00

Campaign Donation

C. Full Name (Last, First, Middle Initial)
Bruce L Berlage

Mailing Address 1035 Gelston Circle

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 27 2012

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period
250.00

Campaign Donation

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

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

1250.00

**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 6 OF 38
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) Michael Botte		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 22 / 2012
Mailing Address 2951 Bellflower Ln.		Transaction ID : SA11AI.4213
City Naples	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	Campaign Donation
Receipt For: 2012 <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) Thomas A Cusick		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 01 / 2012
Mailing Address 2637 Bulrush Ln.		Transaction ID : SA11AI.4165
City Naples	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Campaign Donation
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Robert Dunn		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 22 / 2012
Mailing Address 19 Casa Mar Lane		Transaction ID : SA11AI.4209
City Naples	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Campaign Donation
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
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)	PAGE 7 OF 38
	<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)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
Robert Engelke

Mailing Address 2064 Isla Vista Lane

City Naples State FL Zip Code 34105

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
 Campaign Donation 500.00

B. Full Name (Last, First, Middle Initial)
Joseph W England

Mailing Address 1105-24 Ave.

City Moline State IL Zip Code 61265

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period
 Campaign Donation 500.00

C. Full Name (Last, First, Middle Initial)
Michael D Ferry

Mailing Address 1 Hughes Center Dr. Unit 1403

City Las Vegas State NV Zip Code 89169

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period
 Campaign Contribution 2500.00

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)	PAGE 8 OF 38
	<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)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
Charles Froschle

Mailing Address 2055 Isla Vista Lane

City Naples State FL Zip Code 34105

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period
250.00

Campaign Donation

B. Full Name (Last, First, Middle Initial)
Patrick Hogan

Mailing Address 3102 Dahlia Way

City Naples State FL Zip Code 34105

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period
250.00

Campaign Donation

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

Mailing Address 2059 Isla Vista Lane

City Naples State FL Zip Code 34105

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period
250.00

Campaign Donation

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

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

750.00

**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 38
	<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)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
William Launder

Mailing Address **PO Box 227**

City **Gibson Island** State **MD** Zip Code **21056**

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

Name of Employer **Maryland Orthopedics PA** Occupation **Doctor**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
500.00

Campaign Donation

B. Full Name (Last, First, Middle Initial)
Roger Lipitz

Mailing Address **2908 Indigobush Way**

City **Naples** State **FL** Zip Code **34105**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

Mailing Address **2853 Capistrano Way**

City **Naples** State **FL** Zip Code **34105**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period
500.00

Campaign Donation

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
Paul & Eileen McGrath

Mailing Address 26110 Osprey Nest Ct.

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2012

Transaction ID : SA11AI.4397

Amount of Each Receipt this Period
 2500.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Jo Anne McIntyre

Mailing Address 12212 Drews Court

City State Zip Code
Potomac MD 20814

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
 2500.00

Campaign Donation

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

Mailing Address 12212 Drews Court

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period
 2500.00

Campaign Donation

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

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

7500.00

**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 11 OF 38
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) Don G Osborne		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2012	
Mailing Address 2386 King Palm Way		Transaction ID : SA11AI.4177	
City Naples	State FL	Zip Code 34105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
Campaign Donation			

Full Name (Last, First, Middle Initial) OWENS, BRIAN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2012	
Mailing Address 2060 ISLA VISTA LN		Transaction ID : SA11AI.4359	
City NAPLES	State FL	Zip Code 34105	
FEC ID number of contributing federal political committee. C C00509562		Amount of Each Receipt this Period 15000.00	
Name of Employer		Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15000.00		
Transfer			

Full Name (Last, First, Middle Initial) OWENS, BRIAN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2012	
Mailing Address 2060 ISLA VISTA LN		Transaction ID : SA11AI.4427	
City NAPLES	State FL	Zip Code 34105	
FEC ID number of contributing federal political committee. C C00509562		Amount of Each Receipt this Period 10.00	
Name of Employer		Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15010.00		
Campaign Contribution			

SUBTOTAL of Receipts This Page (optional).....	15260.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 38
	<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)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
Paul Pyle

Mailing Address 5945 Stoney Hill Road

City State Zip Code
New Hope PA 18938

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period
250.00

Campaign Donation

B. Full Name (Last, First, Middle Initial)
William Reynolds

Mailing Address 2438 Indian Pipe Way

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

Mailing Address 12709 Broad Meadow Ln.

City State Zip Code
Clarksville MD 21029

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

Name of Employer Occupation
Georgetown Consulting, LLC Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
500.00

Campaign Donation

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

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

1000.00

**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 13 OF 38
	<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)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
Francis Schwerin

Mailing Address **PO Box 8237**

City **Naples** State **FL** Zip Code **34101**

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

Name of Employer **Cardio Imaging of Naples Inc.** Occupation **Cardiologist**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 19 / 2012

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period
500.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Carl Spalding

Mailing Address **3126 Dahlia Way**

City **Naples** State **FL** Zip Code **34105**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period
250.00

Campaign Donation

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

Mailing Address **5200 Larada Ln.**

City **Edina** State **MN** Zip Code **55436**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 21 / 2012

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period
250.00

Campaign Donation

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 38
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
Carolyn Weinand

Mailing Address 540 Starboard Dr.

City Naples State FL Zip Code 34103

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

Name of Employer Sotheby's International Realty Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
 Campaign Donation 500.00

B. Full Name (Last, First, Middle Initial)
Joseph Wenk

Mailing Address 1573 Marsh Wren Ln.

City Naples State FL Zip Code 34105

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period
 Campaign Donation 300.00

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 Y Y

Amount of Each Receipt this Period

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

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

800.00

34310.00

**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 38
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
OWENS, BRIAN

A. Full Name (Last, First, Middle Initial)
BRIAN OWENS

Mailing Address 2060 ISLA VISTA LN

City State Zip Code
NAPLES FL 34105

FEC ID number of contributing federal political committee. **C H2FL14178**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 02 / 2012

Transaction ID : SA11D.4099

Amount of Each Receipt this Period
100000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
BRIAN OWENS

Mailing Address 2060 ISLA VISTA LN

City State Zip Code
NAPLES FL 34105

FEC ID number of contributing federal political committee. **C H2FL14178**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100003.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2012

Transaction ID : SA11D.4224

Amount of Each Receipt this Period
3.00

Cash Contribution

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

Mailing Address 2060 ISLA VISTA LN

City State Zip Code
NAPLES FL 34105

FEC ID number of contributing federal political committee. **C H2FL14178**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
136003.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11D.4164

Amount of Each Receipt this Period
36000.00

Campaign Contribution

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

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

136003.00

136003.00

**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 16 OF 38			
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. James Allan		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 2400 Grey Oaks Drive		Amount of Each Disbursement this Period 1555.00 Transaction ID : SB17.4351
City Naples	State FL	
Purpose of Disbursement Catering		Category/ Type 007
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 14	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 1468.36 Transaction ID : SB17.4101
City Fort Lauderdale	State FL	
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 14	

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2012
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 31.00 Transaction ID : SB17.4105
City Fort Lauderdale	State FL	
Purpose of Disbursement American Express		Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 14	

SUBTOTAL of Disbursements This Page (optional).....	3054.36
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 17 OF 38			
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 562.81 Transaction ID : SB17.4106
City Fort Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement American Express	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 14	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 738.15 Transaction ID : SB17.4107
City Fort Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement American Express	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 14	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 2412 Pine Ridge Rd		Amount of Each Disbursement this Period 16.40 Transaction ID : SB17.4385
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Spend Charge	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 14	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1317.36
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 18 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 2412 Pine Ridge Rd		Amount of Each Disbursement this Period 3.12 Transaction ID : SB17.4387
City Naples	State FL	
Purpose of Disbursement Spend Charge	Category/ Type 001	
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 14	

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address 2412 Pine Ridge Rd.		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4346
City Naples	State FL	
Purpose of Disbursement Check Card	Category/ Type 006	
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 14	

Full Name (Last, First, Middle Initial) c. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address 6325 Naples Blvd.		Amount of Each Disbursement this Period 609.45 Transaction ID : SB17.4145
City Naples	State FL	
Purpose of Disbursement CheckCard	Category/ Type 006	
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 14	

SUBTOTAL of Disbursements This Page (optional).....	812.57
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 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement
Mailing Address 6325 Naples Blvd.		MM / DD / YYYY 02 / 22 / 2012
City Naples	State FL	Zip Code 34109
Purpose of Disbursement CheckCard	Amount of Each Disbursement this Period 42.39	
Candidate Name OWENS, BRIAN	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Transaction ID : SB17.4148

Full Name (Last, First, Middle Initial) B. Best Buy		Date of Disbursement
Mailing Address 6325 Naples Blvd.		MM / DD / YYYY 03 / 13 / 2012
City Naples	State FL	Zip Code 34109
Purpose of Disbursement Check Card	Amount of Each Disbursement this Period 19.06	
Candidate Name OWENS, BRIAN	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Transaction ID : SB17.4259

Full Name (Last, First, Middle Initial) c. Best Buy		Date of Disbursement
Mailing Address 6325 Naples Blvd.		MM / DD / YYYY 03 / 23 / 2012
City Naples	State FL	Zip Code 34109
Purpose of Disbursement Check Card	Amount of Each Disbursement this Period 134.59	
Candidate Name OWENS, BRIAN	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Transaction ID : SB17.4231

SUBTOTAL of Disbursements This Page (optional).....	196.04
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 21 OF 38	
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Jet Blue		Date of Disbursement MM / DD / YYYY 02 / 06 / 2012
Mailing Address 118-29 Queens Blvd.		Amount of Each Disbursement this Period 569.60 Transaction ID : SB17.4258
City Forrest Hills	State NY	
Zip Code 11375	Purpose of Disbursement Check Card	Category/ Type 002
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. New Bradley House		Date of Disbursement MM / DD / YYYY 01 / 17 / 2012
Mailing Address 280 Sunset Avenue Palm Beach, FL		Amount of Each Disbursement this Period 238.65 Transaction ID : SB17.4130
City Palm Beach	State FL	
Zip Code 33480	Purpose of Disbursement CheckCard	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. New Bradley House		Date of Disbursement MM / DD / YYYY 01 / 17 / 2012
Mailing Address 280 Sunset Avenue Palm Beach, FL		Amount of Each Disbursement this Period 209.79 Transaction ID : SB17.4131
City Palm Beach	State FL	
Zip Code 33480	Purpose of Disbursement CheckCard	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	1018.04
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 22 OF 38	
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Bob Burgess		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012
Mailing Address 127 Palermo Circle		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4120
City Fort Myers Beach	State FL	
Zip Code 33931	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 14	

Full Name (Last, First, Middle Initial) B. Campiello's		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 1177 3rd St. South		Amount of Each Disbursement this Period 155.59 Transaction ID : SB17.4244
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement Check Card	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 14	

Full Name (Last, First, Middle Initial) C. CCREC		Date of Disbursement MM / DD / YYYY 03 / 21 / 2012
Mailing Address P O Box 7367		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4363
City Naples	State FL	
Zip Code 34101	Purpose of Disbursement Sponsorship	Category/ Type 007
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 14	

SUBTOTAL of Disbursements This Page (optional).....	2355.59
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 23 OF 38	
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Costco		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2012
Mailing Address 6275 Naples Blvd.		Amount of Each Disbursement this Period 624.65 Transaction ID : SB17.4269
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Direct Mail Systems		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2012
Mailing Address 12450 Automobile Blvd.		Amount of Each Disbursement this Period 17446.77 Transaction ID : SB17.4365
City Clearwater	State FL	
Zip Code 33762	Purpose of Disbursement Mail Piece	Category/ Type 004
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Patrick Donohue		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 101 West End Ave. #23B		Amount of Each Disbursement this Period 20000.00 Transaction ID : SB17.4108
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	38071.42
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 24 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Patrick Donohue		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2012
Mailing Address 101 West End Ave. #23B		Amount of Each Disbursement this Period 1433.18 Transaction ID : SB17.4114
City State Zip Code New York NY 10023	Purpose of Disbursement Campaign Manager 001 Category/Type	
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Full Name (Last, First, Middle Initial) B. Patrick Donohue		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 101 West End Ave. #23B		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4115
City State Zip Code New York NY 10023	Purpose of Disbursement Campaign Manager 001 Category/Type	
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Full Name (Last, First, Middle Initial) c. Patrick Donohue		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 101 West End Ave. #23B		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4156
City State Zip Code New York NY 10023	Purpose of Disbursement Campaign Manager 001 Category/Type	
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

SUBTOTAL of Disbursements This Page (optional).....	21433.18
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 25 OF 38	
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. EmbroidMe of Naples		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 5413 Airport Pulling Rd. North		Amount of Each Disbursement this Period 617.72 Transaction ID : SB17.4261
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Patrick Hamlin		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 1706 Kings Lake Blvd. #106		Amount of Each Disbursement this Period 573.13 Transaction ID : SB17.4155
City Naples	State FL	
Zip Code 34112	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Paul Juhasz		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 101 West End Ave. #23B		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4118
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	11190.85
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 26 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Paul Juhasz		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 101 West End Ave. #23B		Amount of Each Disbursement this Period 1330.09 Transaction ID : SB17.4122
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Paddy Murphy's		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 457 5th Avenue South		Amount of Each Disbursement this Period 230.00 Transaction ID : SB17.4355
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement Meet & Greet	Category/ Type 007
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Capriccio's of Naples		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012
Mailing Address 2344 Pine Ridge Rd.		Amount of Each Disbursement this Period 49.02 Transaction ID : SB17.4243
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Check Card	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	1609.11
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 27 OF 38	
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Capriccio's of Naples		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 2344 Pine Ridge Rd.		Amount of Each Disbursement this Period 32.85 Transaction ID : SB17.4265
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Check Card	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Capriccio's of Naples		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 2344 Pine Ridge Rd.		Amount of Each Disbursement this Period 30.28 Transaction ID : SB17.4275
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Check Card	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Capriccio's of Naples		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 2344 Pine Ridge Rd.		Amount of Each Disbursement this Period 48.07 Transaction ID : SB17.4451
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Fund Raising Meals	Category/ Type 003
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	111.20
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 28 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Alvaro Olsen		Date of Disbursement MM / DD / YYYY 02 / 08 / 2012
Mailing Address PO Box 582		Amount of Each Disbursement this Period 4205.00 Transaction ID : SB17.4158
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Paychex Inc.		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address 3860 Colonial Blvd. #100		Amount of Each Disbursement this Period 3061.04 Transaction ID : SB17.4380
City Ft. Myers	State FL	
Zip Code 33966	Purpose of Disbursement Payroll Related	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Paychex Inc.		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address 3860 Colonial Blvd. #100		Amount of Each Disbursement this Period 1033.36 Transaction ID : SB17.4381
City Ft. Myers	State FL	
Zip Code 33966	Purpose of Disbursement Payroll Related	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	8299.40
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 29 OF 38			
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 3860 Colonial Blvd. #100		Amount of Each Disbursement this Period 3575.54
City Ft. Myers	State FL	
Zip Code 33966	Purpose of Disbursement Payroll Related	Transaction ID : SB17.4349
Candidate Name OWENS, BRIAN	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Full Name (Last, First, Middle Initial) B. Paychex Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 3860 Colonial Blvd. #100		Amount of Each Disbursement this Period 1938.58
City Ft. Myers	State FL	
Zip Code 33966	Purpose of Disbursement Payroll Related	Transaction ID : SB17.4384
Candidate Name OWENS, BRIAN	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Full Name (Last, First, Middle Initial) c. Paychex Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 3860 Colonial Blvd. #100		Amount of Each Disbursement this Period 8.50
City Ft. Myers	State FL	
Zip Code 33966	Purpose of Disbursement Internet Fees	Transaction ID : SB17.4390
Candidate Name OWENS, BRIAN	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

SUBTOTAL of Disbursements This Page (optional).....	5522.62
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 30 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 3860 Colonial Blvd. #100		Amount of Each Disbursement this Period 5273.17
City Ft. Myers	State FL	
Zip Code 33966	Purpose of Disbursement Payroll Related	Transaction ID : SB17.4429
Candidate Name OWENS, BRIAN	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Full Name (Last, First, Middle Initial) B. Paychex Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 3860 Colonial Blvd. #100		Amount of Each Disbursement this Period 1817.65
City Ft. Myers	State FL	
Zip Code 33966	Purpose of Disbursement Payroll Related	Transaction ID : SB17.4430
Candidate Name OWENS, BRIAN	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Full Name (Last, First, Middle Initial) c. Gregory Petloid		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 101 West End Ave. #23B		Amount of Each Disbursement this Period 3000.00
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Campaign Manager	Transaction ID : SB17.4110
Candidate Name OWENS, BRIAN	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

SUBTOTAL of Disbursements This Page (optional).....	10090.82
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 31 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Naples Print Source		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012
Mailing Address 350 9th St. South		Amount of Each Disbursement this Period 789.12 Transaction ID : SB17.4133
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement CheckCard	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Naples Print Source		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 350 9th St. South		Amount of Each Disbursement this Period 1010.39 Transaction ID : SB17.4138
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement CheckCard	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Naples Print Source		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 350 9th St. South		Amount of Each Disbursement this Period 72.08 Transaction ID : SB17.4252
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	1871.59
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 32 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Naples Print Source		Date of Disbursement
Mailing Address 350 9th St. South		M M / D D / Y Y Y Y 02 / 17 / 2012
City Naples	State FL	Zip Code 34102
Purpose of Disbursement Check Card	Amount of Each Disbursement this Period 381.13	
Candidate Name OWENS, BRIAN	Category/ Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Transaction ID : SB17.4254

Full Name (Last, First, Middle Initial) B. Naples Print Source		Date of Disbursement
Mailing Address 350 9th St. South		M M / D D / Y Y Y Y 03 / 07 / 2012
City Naples	State FL	Zip Code 34102
Purpose of Disbursement Check Card	Amount of Each Disbursement this Period 427.97	
Candidate Name OWENS, BRIAN	Category/ Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Transaction ID : SB17.4270

Full Name (Last, First, Middle Initial) c. Naples Print Source		Date of Disbursement
Mailing Address 350 9th St. South		M M / D D / Y Y Y Y 03 / 12 / 2012
City Naples	State FL	Zip Code 34102
Purpose of Disbursement Check Card	Amount of Each Disbursement this Period 213.06	
Candidate Name OWENS, BRIAN	Category/ Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Transaction ID : SB17.4277

SUBTOTAL of Disbursements This Page (optional).....	1022.16
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 33 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Naples Print Source		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 350 9th St. South		Amount of Each Disbursement this Period 167.27 Transaction ID : SB17.4278
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Naples Print Source		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 350 9th St. South		Amount of Each Disbursement this Period 153.75 Transaction ID : SB17.4236
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Naples Print Source		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 350 9th St. South		Amount of Each Disbursement this Period 249.79 Transaction ID : SB17.4413
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	570.81
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 34 OF 38			
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Renda Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 900 Parish St., 4th Floor		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.4266
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement Check Card	Category/ Type 004
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Collier County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 3301 Tamiami Trail		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4251
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. SignPro Graphics Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 2237 J&C Blvd.		Amount of Each Disbursement this Period 629.64 Transaction ID : SB17.4260
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	2654.64
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 35 OF 38			
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Southern Campaign Resources		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 235 East Virginia St.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4436
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Radio Ad	Category/ Type 004
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2012
Mailing Address 6305 Naples Blvd.		Amount of Each Disbursement this Period 65.88 Transaction ID : SB17.4281
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 6305 Naples Blvd.		Amount of Each Disbursement this Period 35.80 Transaction ID : SB17.4418
City Naples	State FL	
Zip Code 34109	Purpose of Disbursement Check Card	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	601.68
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 36 OF 38	
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Tim Tillapaugh		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 1200 Goodlette Frank Road Ste10053		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4112
City Naples	State FL	
Zip Code 34101	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Tim Tillapaugh		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 1200 Goodlette Frank Road Ste10053		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4257
City Naples	State FL	
Zip Code 34101	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Tim Tillapaugh		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 1200 Goodlette Frank Road Ste10053		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4256
City Naples	State FL	
Zip Code 34101	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 37 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Louis Venne		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 2770 Horseshoe Dr S # 6		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4353
City Naples	State FL	
Zip Code 34104	Purpose of Disbursement Campaign Pictures	Category/ Type 006
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Christopher Robert Whalen		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 1075 Route 34 STE D		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4117
City Matawan	State NJ	
Zip Code 07747	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. Christopher Robert Whalen		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 1075 Route 34 STE D		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4157
City Matawan	State NJ	
Zip Code 07747	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	3250.00
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 38 OF 38		
	<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)
OWENS, BRIAN

Full Name (Last, First, Middle Initial) A. Christopher Robert Whalen		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 1075 Route 34 STE D		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4255
City Matawan State NJ Zip Code 07747	Purpose of Disbursement Campaign Manager Category/Type 001	
Candidate Name OWENS, BRIAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

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).....	2000.00
TOTAL This Period (last page this line number only).....	120777.84