

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
HASTINGS FOR CONGRESS

ADDRESS (number and street) P.O. BOX 100277
 Check if different than previously reported. (ACC) FT. LAUDERDALE FL 33310

2. **FEC IDENTIFICATION NUMBER** C C00269837 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 23

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
01 / 01 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. TOMAS MCINTOSH
Signature of Treasurer Mr. TOMAS MCINTOSH *[Electronically Filed]* Date M M / D D / Y Y Y Y
04 / 13 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
HASTINGS FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	35508.00	346768.20
(b) Total Contribution Refunds (from Line 20(d))	0.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	35508.00	344268.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	61733.55	229065.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	634.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61733.55	228430.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	321494.83	
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

HASTINGS FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18353.00	160563.00
(ii) Unitemized.....	655.00	14225.00
(iii) TOTAL of contributions from individuals ▶	19008.00	174788.00
(b) Political Party Committees.....	5000.00	8500.00
(c) Other Political Committees (such as PACs).....	11500.00	163480.20
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	35508.00	346768.20
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	634.82
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)..... ▶	35508.00	347403.02

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	61733.55	229065.17
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	2500.00
(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	2500.00
21. OTHER DISBURSEMENTS	24535.00	86223.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	86268.55	317788.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	372255.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35508.00
25. SUBTOTAL (add Line 23 and Line 24).....	407763.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86268.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	321494.83

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N

Transaction ID :

ALCEE HASTINGS- REIMBURSE EXPENCES.-02/27/2014

U.S.AIRWAYS CHAIRMAN PREFERRED -\$2499.00

ALCEE HASTINGS-REIMBURSE-TRAVEL EXPENCE.AIR FARES DC/FL./DC

MANAUX LALE- REIMBURSE AIR TRAVEL EXPENCES. FLA F/R .

435.61

TRAVEL-UPGRADE

01/16/2014. \$474.30

DC/FL/DC. 01/30/2014 \$

Form/Schedule:

Transaction ID:

**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 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. JON ALEXANDER

Mailing Address 1025 CONNECTICUT AVE. N.W.
SUITE 1000

City WASHINGTON State DC Zip Code 20036

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

Name of Employer: MONUMENT STRATEGIES,LLC Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1903.00

Date of Receipt: 03 / 03 / 2014

Transaction ID : SA11AI.22290

Amount of Each Receipt this Period: 1403.00

In-kind - F/R DINNER D.C 02/24/14

B. Full Name (Last, First, Middle Initial)
Mr. JAMES E. BILLIE

Mailing Address 6300 STIRLING ROAD

City HOLLYWOOD State FL Zip Code 33024

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

Name of Employer: SEMINOLE TRIBE OF FLA. Occupation: CHARMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 7500.00

Date of Receipt: 03 / 11 / 2014

Transaction ID : SA11AI.22335

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. JAMES H. CROSBY

Mailing Address 9805 EAST AVENUE

City BELLE FONTAINE State AL Zip Code 36582

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

Name of Employer: SELF EMPLOYED Occupation: ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 03 / 2014

Transaction ID : SA11AI.22329

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

4403.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. MAX CYPRESS

Mailing Address P.O. BOX 440021
TAMIAMI STATION

City MIAMI State FL Zip Code 33144

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

Name of Employer MICCOSUKEE TRIBE OF INDIANS OF FL. Occupation VICE CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11AI.22336

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. MITCHELL CYPRESS

Mailing Address 6300 STIRLING ROAD

City HOLLYWOOD State FL Zip Code 33024

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

Name of Employer SEMINOLE TRIBE OF FLORIDA Occupation TRIBE LEADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11AI.22337

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. CYRUS M. JOLLIVETTE Esq.

Mailing Address P.O. BOX 23549

City JACKSONVILLE State FL Zip Code 32241

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

Name of Employer RETIRED Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

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

Transaction ID : SA11AI.22308

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2750.00

**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 44
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. WILLIAM JR LEHMAN

Mailing Address 21400 N.W. 2 ND AVENUE

City State Zip Code
MIAMI FL 33169

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.22311

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. MIKE E. MCKAY

Mailing Address 6500 DEBHILL LN

City State Zip Code
GAINESVILLE VA 20155-4457

FEC ID number of contributing federal political committee.

Name of Employer Occupation
EMPIRE CONSULTING GROUP PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.22333

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ms ANTOINETTE J. PAULINE

Mailing Address 3051 NW 24 TH STREET

City State Zip Code
FT. LAUDERDALE FL 33311-2879

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.22343

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. CURTIS F. PILOT

Mailing Address P.O. BOX 91206

City MOBILE State AL Zip Code 36691-1206

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

Name of Employer CATASTROPHE MGT. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11Al.22323

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Dr. GRACE PILOT

Mailing Address P.O. BOX 91206

City MOBILE State AL Zip Code 36691

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

Name of Employer PILOT CATASTROPHE Occupation V.P.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11Al.22319

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. RODNEY A. PILOT

Mailing Address 19375 SCENIC HWY 98

City FAIRHOPE State AL Zip Code 36352

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

Name of Employer CATASTROPHE MANAGEMENT SOLUTIO Occupation DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11Al.22325

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. W. DAVIS PILOT Jr.

Mailing Address **P.O. BOX 91206**

City **MOBILE** State **AL** Zip Code **36691-1206**

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

Name of Employer **PILOT CATASTROPHE SERVICES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.22327

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mrs. DAPHNE PILOT-FONDE

Mailing Address **P.O. BOX 9106**

City **MOBILE** State **AL** Zip Code **36691-1206**

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

Name of Employer **CATASTROPHE SERVICES** Occupation **DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.22321

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **10750 AVENIDA DEL RIO**

City **DELRAY BEACH** State **FL** Zip Code **33446**

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

Name of Employer **CKP INSURANCE LLC** Occupation **INSURANCE UNDERWRITER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.22432

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

4500.00

**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 44
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. BRUCE ROGOW

Mailing Address **2441 SW 28 TH AVE**

City **FT. LAUDERDALE** State **FL** Zip Code **33312**

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

Name of Employer **BRUCE ROGOW PA** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.22297

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. LEONARD SAMUELS

Mailing Address **10461 NORTH LAKE VISTA CIRCLE**

City **DAVIE** State **FL** Zip Code **33328**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11AI.22338

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. STEPHEN K. SCHWARTZ

Mailing Address **52 LINDA AVE**

City **WHITE PLAINS** State **NY** Zip Code **10605**

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

Name of Employer **AMERICAN INSTITUTE** Occupation **CHIEF FINANCIAL OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.22307

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. BENJAMIN STEPHENSON

Mailing Address 5007 NW 51ST COURT

City TAMARAC State FL Zip Code 33319

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

Name of Employer RETIRED Occupation EDUCATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.22309

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

18353.00

**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 44
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOGGETT FOR US CONGRESS

Mailing Address PO BOX 5843

City State Zip Code
AUSTIN TX 78763

FEC ID number of contributing federal political committee. **C** C00286500

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11B.22317

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code
LONG BRANCH NJ 07740

FEC ID number of contributing federal political committee. **C** C00226928

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11B.22313

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City State Zip Code
SPRINGFIELD MA 01108

FEC ID number of contributing federal political committee. **C** C00226522

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11B.22341

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

5000.00

5000.00

**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 14 OF 44
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAREER EDUCATION CORPORATION PAC (CEC PAC)

Mailing Address P.O. Box 77693

City Washington State DC Zip Code 20013

FEC ID number of contributing federal political committee. **C** C00461574

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.22344

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DRIVE

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

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

Transaction ID : SA11C.22339

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION - UAW

Mailing Address 8000 EAST JEFFERSON AVENE

City DETROIT State MI Zip Code 48214

FEC ID number of contributing federal political committee. **C** C70000369

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11C.22310

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

5500.00

**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 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)

Mailing Address 50 E ST, SE
SUITE 1

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00362384**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11C.22334

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Mailing Address 1325 Massachusetts Ave. NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11C.22332

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PORTER GORDON SILVER PAC

Mailing Address PO BOX 15858

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00507913**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11C.22330

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

4000.00

**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 16 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11C.22316

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2000.00

11500.00

**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 17 OF 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. JON ALEXANDER		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1025 CONNECTICUT AVE. N.W. SUITE 1000		Amount of Each Disbursement this Period 1403.00 Transaction ID : SB17.22291
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement In-kind - F/R DINNER D.C 02/24/14	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. A/AIRLINES GROUP AMERICAN AIRLINES ARENA		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1101 17 TH STREET,NW SUITE 600		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.22414
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement SUITE RENTAL F/R 03/01/2014	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. A/AIRLINES GROUP AMERICAN AIRLINES ARENA		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1101 17 TH STREET,NW SUITE 600		Amount of Each Disbursement this Period 3593.46 Transaction ID : SB17.22470
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement CAMPAIGN F/R 03/3 BALANCE.	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9996.46
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 44			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. A.T.& T. AT&T		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 160.00 Transaction ID : SB17.22346
City CHARLOTTE	State NC	
Zip Code 28272	Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. A.T.& T. AT&T		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 158.99 Transaction ID : SB17.22347
City CHARLOTTE	State NC	
Zip Code 28272	Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. A.T.& T. AT&T		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 140.54 Transaction ID : SB17.22348
City CHARLOTTE	State NC	
Zip Code 28272	Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	459.53
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 44			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 0.20 Transaction ID : SB17.22366
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement SERVICE FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 1.82 Transaction ID : SB17.22367
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement SERVICE FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BASHFULL DAISY BASHFULL DAISY		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 93.28 Transaction ID : SB17.22399
City FT. LAUDERDALE State FL Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONT.	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	95.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASHFULL DAISY BASHFULL DAISY		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 93.28 Transaction ID : SB17.22361
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONST.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BASHFULL DAISY BASHFULL DAISY		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 159.00 Transaction ID : SB17.22362
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONST.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BASHFULL DAISY BASHFULL DAISY		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 53.00 Transaction ID : SB17.22363
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONST.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	305.28
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 44		
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASHFULL DAISY BASHFULL DAISY		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 172.78 Transaction ID : SB17.22364
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONST	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BASHFULL DAISY BASHFULL DAISY		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 239.56 Transaction ID : SB17.22365
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONST.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. JOHN BELL		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1112 NW 15TH CT		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.22393
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN F/R CONSULTANT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1912.34
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 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. JOHN BELL		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 1112 NW 15TH CT		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.22411
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN F/R CONSULTANT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BBEO BROWARD BLACK ELECTED OFF.		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address P.O. BOX 590277		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.22418
City FT. LAUDERDALE	State FL	
Zip Code 33359	Purpose of Disbursement ANNUNAL MEMBERSHIP FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BROWARD COUNTY AFL-C BROWARD COUNTY AFL-CIO		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1700 N.W. 66 AVE		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.22400
City PLANTATION	State FL	
Zip Code 33313	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1190.00
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 23 OF 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.22349
City OAKLAND PARK State FL Zip Code 33311	Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.22350
City OAKLAND PARK State FL Zip Code 33311	Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.22351
City OAKLAND PARK State FL Zip Code 33311	Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1050.00
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 24 OF 44			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COMCAST COMCAST		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 103.54 Transaction ID : SB17.22352
City DENVER	State CO	
Zip Code 80217	Purpose of Disbursement CAMAPIGN INTERNET SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. COMCAST COMCAST		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 103.54 Transaction ID : SB17.22353
City DENVER	State CO	
Zip Code 80217	Purpose of Disbursement CAMPAIGN INTERNET SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. COMCAST COMCAST		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 103.54 Transaction ID : SB17.22354
City DENVER	State CO	
Zip Code 80217	Purpose of Disbursement CAMPAIGNH INTERNET SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	310.62
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 25 OF 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. D.B.D.C. DEERFIELD BEACH DEM.CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 3074 HARWOOD F		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.22451
City DEERFIELD BEACH	State FL Zip Code 33442	
Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. A KIMPTON HOTEL EPIC MIAMI		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 270BISCAYNE BLVD WAY		Amount of Each Disbursement this Period 1591.73 Transaction ID : SB17.22471
City MIAMI	State FL Zip Code 33131	
Purpose of Disbursement CAMPAIGN F/R 03/03.	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. FRANCIS FARNUM		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 11618 NW 1 ST PLACE		Amount of Each Disbursement this Period 594.00 Transaction ID : SB17.22409
City CORAL SPRINGS	State FL Zip Code 33076	
Purpose of Disbursement CAMPAIGN BUSINESS CARDS ADV.	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2585.73
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 44			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. FRANCIS FARNUM			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014		
Mailing Address 11618 NW 1 ST PLACE			Amount of Each Disbursement this Period 100.00		
City CORAL SPRINGS	State FL	Zip Code 33076	Transaction ID : SB17.22437		
Purpose of Disbursement CAMPAIGN BUSINESS CARDS ADV.		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. FEDEX FEDEX			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014		
Mailing Address P.O. BOX 1140			Amount of Each Disbursement this Period 49.70		
City MEMPHIS	State TN	Zip Code 38101	Transaction ID : SB17.22396		
Purpose of Disbursement CAMPAIGN AIR BILLS.		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. FEDEX FEDEX			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address P.O. BOX 1140			Amount of Each Disbursement this Period 7.98		
City MEMPHIS	State TN	Zip Code 38101	Transaction ID : SB17.22447		
Purpose of Disbursement CAMPAIGN AIR BILL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	157.68
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 27 OF 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALCEE L HASTINGS		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 2235 RAYBURN OFFICE BUILDING		Amount of Each Disbursement this Period 474.30 Transaction ID : SB17.22389
City WASHINGTON State DC Zip Code 20515	Purpose of Disbursement REIM. AIR FARE TO F/R EVENT.	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) B. ALCEE L HASTINGS		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 2235 RAYBURN OFFICE BUILDING		Amount of Each Disbursement this Period 2499.00 Transaction ID : SB17.22374
City WASHINGTON State DC Zip Code 20515	Purpose of Disbursement REIM. TRAVEL EXPENCE F/R EVENT 03/12	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) C. IMPACT POLITICS IMPACT POLITICS		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 16740 WATERS EDGE DRIVE		Amount of Each Disbursement this Period 7700.00 Transaction ID : SB17.22383
City WESTON State FL Zip Code 33326	Purpose of Disbursement WEBSITE DESIGN:NGP/DCCC PLAN	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10673.30
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 44	
	<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)
HASTINGS FOR CONGRESS

A. IMPACT POLITICS IMPACT POLITICS

Full Name (Last, First, Middle Initial)
Mailing Address 16740 WATERS EDGE DRIVE

City WESTON State FL Zip Code 33326

Purpose of Disbursement WEBSITE DESIGN/FACEBOOK ADVS.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2014

Amount of Each Disbursement this Period: 7400.00

Transaction ID : SB17.22424

B. IMPACT POLITICS IMPACT POLITICS

Full Name (Last, First, Middle Initial)
Mailing Address 16740 WATERS EDGE DRIVE

City WESTON State FL Zip Code 33326

Purpose of Disbursement APRIL RETAINER/NGP CHARGES/WEBSITE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 4200.00

Transaction ID : SB17.22453

C. INFINITI INC. INFINITI FINANCIAL SERVICES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 650679

City DALLAS State TX Zip Code 75265-0679

Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 24 / 2014

Amount of Each Disbursement this Period: 592.23

Transaction ID : SB17.22355

SUBTOTAL of Disbursements This Page (optional) 12192.23

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 44			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INFINITI INC. INFINITI FINANCIAL SERVICES		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address P.O. BOX 650679		Amount of Each Disbursement this Period 592.23 Transaction ID : SB17.22356
City DALLAS State TX Zip Code 75265-0679	Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. INFINITI INC. INFINITI FINANCIAL SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address P.O. BOX 650679		Amount of Each Disbursement this Period 592.23 Transaction ID : SB17.22357
City DALLAS State TX Zip Code 75265-0679	Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. IVY ED FOUNDATION IVY ED FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 4453 NW 65TH STREET		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.22440
City COCONUT CREEK State FL Zip Code 33073	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1309.46
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 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KINGS POINT D.C. KINGS POINT DEM. CLUB			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 7620 NOB HILL ROAD			Amount of Each Disbursement this Period 500.00	
City TAMARAC	State FL	Zip Code 33321	Transaction ID : SB17.22452	
Purpose of Disbursement CAMPAIGN ADV IN JOURNAL		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 1500 N. STATE RD SEVEN			Amount of Each Disbursement this Period 379.48	
City LAUDERHILL	State FL	Zip Code 33313	Transaction ID : SB17.22358	
Purpose of Disbursement CAMPAIGN MATERIAL STORAGE		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 1500 N. STATE RD SEVEN			Amount of Each Disbursement this Period 379.48	
City LAUDERHILL	State FL	Zip Code 33313	Transaction ID : SB17.22359	
Purpose of Disbursement CAMPAIGN MATERIAL STORAGE		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	1258.96
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 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 379.48 Transaction ID : SB17.22360
City LAUDERHILL State FL Zip Code 33313	Purpose of Disbursement CAMPAIGN MATERIAL STORAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. H.A.N.D.Y. LILLIAN S. WELLS CENTER		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 501 NE 8TH STREET		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.22405
City FT. LAUDERDALE State FL Zip Code 33304	Purpose of Disbursement CAMPAIGN ADV IN JOURNALL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LEVY RESTAURANT LLEVY RESTAURANT SUITES		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 601 BISCAYNE BLVD		Amount of Each Disbursement this Period 2455.32 Transaction ID : SB17.22473
City MIAMI State FL Zip Code 33132	Purpose of Disbursement CAMPAIGN F/R CATERING SERVICE 03/3	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3434.80
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 44			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms LALE MANAUX		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1526 17TH STREET, N.W.		Amount of Each Disbursement this Period 435.61 Transaction ID : SB17.22401
City WASHINGTON State FL Zip Code 20036	Purpose of Disbursement REIM. F/R EXPENCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. TOMAS MCINTOSH		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.22387
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement CAMPAIGN DATA ENTRY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. TOMAS MCINTOSH		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.22412
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement CAMPAIGN DATA ENTRY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3135.61
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 44			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. TOMAS MCINTOSH		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.22443
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN DATA ENTRY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 1161.25 Transaction ID : SB17.22398
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CAMPAIGN F/R DINNER D.C	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.22425
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEMBERSHIP DUES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2531.25
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 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.22448
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEMBERSHIP FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AFL-CIO PALM BEACH-TREASURE COAST		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1001 WEST 15 TH STREET		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.22391
City RIVIERA BEACH	State FL	
Zip Code 33404	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PALM BEACH COUNTY. PALM BEACH COUNTY-N.O.W.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 17204 GLENMOOR DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.22430
City WEST PALM BEACH	State FL	
Zip Code 33409	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	180.00
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 35 OF 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. P.D.C. PLANTATION DEMOCRATIC CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address P.O. BOX 2331		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.22445
City PLANTATION	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SISTRUNK FESTIVAL SISTRUNK HISTORICAL FESTIVAL		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address ANDREW AVE		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.22407
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE AUGUST COMPANY THE AUGUST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 401 EAST LAS OLAS BOULEVARD STE.120-428		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.22476
City FT. LAUDERDALE	State FL	
Zip Code 33301	Purpose of Disbursement CAMPAIGN FLR CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5570.00
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 36 OF 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE AUGUST COMPANY THE AUGUST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 401 EAST LAS OLAS BOULEVARD STE.120-428		Amount of Each Disbursement this Period 1275.00 Transaction ID : SB17.22436
City FT. LAUDERDALE State FL Zip Code 33301	Purpose of Disbursement CAMPAIGN CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WOMEN IN RELIGION THE CHARMETTES, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 2832 SW 4 TH STREET BROWARD COUNTY		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.22388
City FT. LAUDERDALE State FL Zip Code 33312	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WOMEN IN RELIGION THE CHARMETTES, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 2832 SW 4 TH STREET BROWARD COUNTY		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.22413
City FT. LAUDERDALE State FL Zip Code 33312	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1575.00
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 44	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. POSTAL SERVICE U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1899 W. OAKLAND PARK BLVD.		Amount of Each Disbursement this Period 880.00 Transaction ID : SB17.22446
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement POSTAGE FOR CAMPAIGN F/R INVITES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WESTSIDE GAZETTE WESTSIDE GAZETTE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. BOX 5304		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.22454
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement CAMOPAIGN EVENT ADV	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: 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).....	1130.00
TOTAL This Period (last page this line number only).....	61053.55

**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 44	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BROWARD DEM. PARTY BROWARD DEMOCRATIC PARTY		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 1888A N. UNIVERSIY DR.		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.22408
City PLANTATION State FL Zip Code 33324	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CENTRAL FLORIDA CENTRAL FLORIDA YMCA		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 433 NORTH MILLS AVE		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.22395
City ORLANDO State FL Zip Code 32803	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Ms ALEXANDRA P. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 3149 SW 133 RD AVE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.22386
City MIRAMAR State FL Zip Code 33027	Purpose of Disbursement CAMPAIGN DONATION, COMM. CITY OF MIRAMAR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	3500.00
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 39 OF 44			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms ALEXANDRA P. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 3149 SW 133 RD AVE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.22397
City MIRAMAR	State FL	
Zip Code 33027	Purpose of Disbursement CAMPAIGN DONATION-CITY COMM. MIRAMAR.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DILLARD HIGH DILLARD HIGH SCHOOL		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1201 NW 13TH COURT		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.22385
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement DONATION-TRIP TO ALASKA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ALUMNI ASSOCIATION FLORIDA A & M UNIVERSITY		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1810 S. ADAMS STREET PRESIDENT'S HOUSE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.22423
City TALLASSEE	State FL	
Zip Code 32307	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1750.00
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 40 OF 44	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLORIDA DEM PARTY FLORIDA DEMOCRATIC PARTY		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 214 SOUTH BRONOUGH STREET		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.22373
City TALLAHASSEE State FL Zip Code 32301	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK MURPHY		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 4521 PGA BLVD. #412		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.22449
City PALM BEACH GARDENS State FL Zip Code 33418	Purpose of Disbursement CAMPAIGN DONATION	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 18		

Full Name (Last, First, Middle Initial) C. Mr. ERIC GOODEN		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 550 NW 2 ND AVE # 420		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.22428
City BOCA RATON State FL Zip Code 33487	Purpose of Disbursement DONATION-CITY COUNCIL SEAT B	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5750.00
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 41 OF 44
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHNSON, HENRY C 'HANK'		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 4262 CLAUSELL COURT		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.22371
City DECATUR State GA Zip Code 30035	Purpose of Disbursement CAMPAIGN DONATION	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 04		

Full Name (Last, First, Middle Initial) B. KAPPA FOUNDATION KAPPA FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address P.O. BOX 21		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.22442
City FT. LAUDERDALE State FL Zip Code 33301	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. BENJAMIN P LAP		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 320 N GORDON ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.22455
City FT. LAUDERDALE State FL Zip Code 33301	Purpose of Disbursement CAMPAIGN DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7000.00
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 42 OF 44
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. H.A.N.D.Y. LILLIAN S. WELLS CENTER		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 501 NE 8TH STREET		Amount of Each Disbursement this Period 600.00 Transaction ID : SB21.22438
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. MIKE MICHAUD FOR GOVERNOR		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address P.O. BOX 1590		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.22483
City PORTLAND	State ME	
Zip Code 04104	Purpose of Disbursement CAMPAIGN DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PALM BEACH COUNTY PALM BEACH COUNTY DEC. CLUB		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 6903 LAKE ISLAND DRIVE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.22404
City LAKE WORTH	State FL	
Zip Code 33467	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3100.00
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 43 OF 44			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. RANGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5577
MANHATTANVILLE STA

City New York State NY Zip Code 10027

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NY District: 15

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB21.22485

B. Ms REETA N. MILLS REETA N. MILLS CAMPAIGN

Full Name (Last, First, Middle Initial)
Mailing Address 10 FOSTER ROAD

City HALLANDALE BEACH State FL Zip Code 35009

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB21.22433

C. SOLIS, HILDA

Full Name (Last, First, Middle Initial)
Mailing Address 4401 SANTA ANITA BLVD. 2ND FL.

City EL MONTE State CA Zip Code 91731

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: CA District: 32

Date of Disbursement: 02 / 19 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB21.22421

SUBTOTAL of Disbursements This Page (optional) 2000.00

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 44 OF 44	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. BEVERLY J. WILLIAMS		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 3369 N.W. 21 ST STREET		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.22431
City LAUDERDALE LAKES	State FL Zip Code 33311	
Purpose of Disbursement DONATION- CITY COMMISSIONER L.LAKS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. LORENZO WOOD		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 701 SW 71 ST AVE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.22419
City NORTH LAUDERDALE	State FL Zip Code 33359	
Purpose of Disbursement CAMPAIGN DONATION-COMMISSION SEAT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: 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).....	1000.00
TOTAL This Period (last page this line number only).....	24100.00