

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Florida Freedom PAC

ADDRESS (number and street)   
Check if different than previously reported. (ACC)  Miami FL 33138

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  07 / 01 / 2012 through  09 / 30 / 2012

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 Gihan Perera

Signature of Treasurer Gihan Perera [Electronically Filed] Date  02 / 14 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Florida Freedom PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="354174.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2943559.58"/>	<input type="text" value="3708940.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3297734.41"/>	<input type="text" value="3708940.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2240724.34"/>	<input type="text" value="2651930.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1057010.07"/>	<input type="text" value="1057010.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="171215.22"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Florida Freedom PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	4465.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	4465.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2943559.58	3704475.10
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2943559.58	3708940.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2943559.58	3708940.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2943559.58	3708940.10

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	592647.13	724407.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	592647.13	724407.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	1636678.74	1916124.26
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	11398.47	11398.47
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2240724.34	2651930.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2240724.34	2651930.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2943559.58	3708940.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2943559.58	3708940.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	592647.13	724407.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	592647.13	724407.30

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: F3XA  
Transaction ID :

Please note that there is a difference between the disbursements and cash-on-hand totals disclosed on the summary pages of the original report and the amended report. Previous filings disclosed estimates for independent expenditures, and while best efforts were made to accurately report the estimates, this report reflects the actual amounts spent for these activities. Also, 48-Hour Notices were previously filed to disclose salary and food estimates related to canvassing activities. Therefore, the salaries and payments to Walgreens for food that are reported here as independent expenditures are not new independent expenditures, but rather represent a more detailed and accurate itemization of the following 48-Hour Notices that were previously filed: 7/3/12 - filed with Florida New Majority as the vendor with estimates for salaries and food for the month of July (amended 8/3/12) 8/3/12 - filed with Florida New Majority as the vendor with estimates for salaries and food for the month of August (final week's salary for this month was in actuality a direct payment from Florida Freedom PAC) 9/3/12 - filed with individual canvassers as the vendors, and Florida New Majority as vendor for food Finally, please note that we disclosed independent expenditures for canvasser salaries on 24 and 48-hour reports at the beginning of every month for the month in its entirety, but, in actuality the canvassers were paid on a weekly basis, which is accurately reflected in this report.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 737  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)  
**A. SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL**

Mailing Address 1800 MASSACHUSETTS AVE NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00523621

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3704475.10

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 14 / 2012  
**Transaction ID : C4470303**

Amount of Each Receipt this Period  
464979.00

Full Name (Last, First, Middle Initial)  
**B. SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL**

Mailing Address 1800 MASSACHUSETTS AVE NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00523621

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3704475.10

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 07 / 01 / 2012  
**Transaction ID : C4452964**

Amount of Each Receipt this Period  
425529.07

\* In-Kind: Contribution for salary and other canvass-related expenses from 7/1-7/31

Full Name (Last, First, Middle Initial)  
**C. SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL**

Mailing Address 1800 MASSACHUSETTS AVE NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00523621

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3704475.10

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 01 / 2012  
**Transaction ID : C4471306**

Amount of Each Receipt this Period  
345995.52

\* In-Kind: Payment for salary and other canvass-related expenses from 9/1-9/30/12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1236503.59

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 737
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)  
**A. SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL**

Mailing Address 1800 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00523621

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3704475.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

**Transaction ID : C4405316**

Amount of Each Receipt this Period  
544029.50

Full Name (Last, First, Middle Initial)  
**B. SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL**

Mailing Address 1800 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00523621

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3704475.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : C4425987**

Amount of Each Receipt this Period  
745131.00

Full Name (Last, First, Middle Initial)  
**C. SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL**

Mailing Address 1800 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00523621

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3704475.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

**Transaction ID : C4452968**

Amount of Each Receipt this Period  
417895.49

\* In-Kind: Contribution for salary and other canvass-related expenses from 8/1-8/31

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1707055.99
<b>TOTAL</b> This Period (last page this line number only).....	2943559.58



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D338470**

Amount of Each Disbursement this Period

894.00

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2012

**Transaction ID : D338490**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D338100**

Amount of Each Disbursement this Period

132.04

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

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

1046.04

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

Transaction ID : D337410

Amount of Each Disbursement this Period

955.42

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

Transaction ID : D338080

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Out of Box Communications, Inc.**

Mailing Address P.O. Box 550640

City Fort Lauderdale State FL Zip Code 33355

Purpose of Disbursement  
Communication Strategy Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

Transaction ID : D337550

Amount of Each Disbursement this Period

1283.66

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

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

2274.08

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D338090**

Amount of Each Disbursement this Period

8.75

Full Name (Last, First, Middle Initial)

**B. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D337400**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335110**

Amount of Each Disbursement this Period

800.00

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

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

1608.75

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

Transaction ID : D335130

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2012

Transaction ID : D335140

Amount of Each Disbursement this Period

149.62

Full Name (Last, First, Middle Initial)

**C. Hilton Garden Inn**

Mailing Address 8540 Commerce Centre Drive

City Port St Lucie State FL Zip Code 34986

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2012

Transaction ID : D335150

Amount of Each Disbursement this Period

331.17

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

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

680.79

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Compudealings**

Mailing Address 2040 NE 163 Street, Ste. 210

City North Miami Beach State FL Zip Code 33162

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : D330940**

Amount of Each Disbursement this Period

3755.70

Full Name (Last, First, Middle Initial)

**B. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2012

**Transaction ID : D338890**

Amount of Each Disbursement this Period

1030.00

Full Name (Last, First, Middle Initial)

**C. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : D338910**

Amount of Each Disbursement this Period

40.41

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

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

4826.11

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 3101 N. Miami Ave

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Telephone Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : D338920**

Amount of Each Disbursement this Period

107.00

Full Name (Last, First, Middle Initial)

**B. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D336810**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D336870**

Amount of Each Disbursement this Period

200.00

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

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

1107.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D337350**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City State Zip Code  
Miami FL 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D337380**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Zephyrhills**

Mailing Address P.O. Box 856680

City State Zip Code  
Louisville KY 40285-6680

Purpose of Disbursement  
Water for Campaign Office

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D335321**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	02	/	2012

Transaction ID : D338461

Amount of Each Disbursement this Period

3960.00
---------

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2012

Transaction ID : D338081

Amount of Each Disbursement this Period

36.00
-------

Full Name (Last, First, Middle Initial)

**C. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2012

Transaction ID : D338901

Amount of Each Disbursement this Period

2151.20
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6147.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D338091**

Amount of Each Disbursement this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D338101**

Amount of Each Disbursement this Period

68.50

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D334981**

Amount of Each Disbursement this Period

200.00

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

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

275.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D337401**

Amount of Each Disbursement this Period

800.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2012

**Transaction ID : D335111**

Amount of Each Disbursement this Period

800.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Florida Consumer Action Network**

Mailing Address 3006 W Kennedy Blvd, Suite B

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Political Strategy Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

**Transaction ID : D335141**

Amount of Each Disbursement this Period

2200.00

Category/  
Type

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

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

3800.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Innovate Consulting, LLC**

Mailing Address 1936 North Crystal Lake Drive

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Grassroots Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2012

**Transaction ID : D335151**

Amount of Each Disbursement this Period

502.50

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335281**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. The Winding Creek Group Inc.**

Mailing Address 18118 Chesterfield Airport Rd, Ste

City State Zip Code  
Chesterfield MO 63005

Purpose of Disbursement  
Voter Outreach Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : D335311**

Amount of Each Disbursement this Period

2000.00

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

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

2702.50

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	2		

Transaction ID : D338891

Amount of Each Disbursement this Period

1	3	8	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	2		

Transaction ID : D338911

Amount of Each Disbursement this Period

6	3	1	7
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. City of Orlando**

Mailing Address 101 N Parramore Ave

City Orlando State FL Zip Code 32801-1713

Purpose of Disbursement  
Event Permit Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	2		

Transaction ID : D338921

Amount of Each Disbursement this Period

3	0	0	0
---	---	---	---

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

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

1	7	4	3	1	7
---	---	---	---	---	---

1	7	4	3	1	7
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : D330961**

Amount of Each Disbursement this Period

800.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D336871**

Amount of Each Disbursement this Period

300.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335131**

Amount of Each Disbursement this Period

200.00

Category/  
Type

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

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

1300.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida Consumer Action Network**

Mailing Address 3006 W Kennedy Blvd, Suite B

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Political Strategy Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	2

**Transaction ID : D337351**

Amount of Each Disbursement this Period

4	4	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Harmon, Curran, Spielberg & Eisenberg LLP**

Mailing Address 1726 M Street NW, Suite 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : D337371**

Amount of Each Disbursement this Period

1	1	7	8	.	4	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

**Transaction ID : D336872**

Amount of Each Disbursement this Period

3	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	6	4	8	.	4	7
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**TOTAL** This Period (last page this line number only)..... ▶

1	6	4	8	.	4	7
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

Transaction ID : D338462

Amount of Each Disbursement this Period

3960.00

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D338472

Amount of Each Disbursement this Period

2094.00

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

Transaction ID : D332262

Amount of Each Disbursement this Period

20.00

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

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

6074.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D337442**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D338092**

Amount of Each Disbursement this Period

12322.99

Full Name (Last, First, Middle Initial)

**C. Publix**

Mailing Address 9050 Biscayne Blvd

City Miami Shores State FL Zip Code 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : D338912**

Amount of Each Disbursement this Period

40.65

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

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

12563.64



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D338082**

Amount of Each Disbursement this Period

99.00

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D338102**

Amount of Each Disbursement this Period

32.38

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D334042**

Amount of Each Disbursement this Period

15.00

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

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

146.38

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D334982**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Aperture Networks LLC**

Mailing Address 930 Washington Ave Suite 201

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
IT Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335122**

Amount of Each Disbursement this Period

7145.68

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2012

**Transaction ID : D335132**

Amount of Each Disbursement this Period

200.00

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

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

7545.68

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Innovate Consulting, LLC**

Mailing Address 1936 North Crystal Lake Drive

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Grassroots Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D335152**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City State Zip Code  
Dover FL 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D335172**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D335312**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : D335322**

Amount of Each Disbursement this Period

5242.81

Full Name (Last, First, Middle Initial)

**B. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : D337402**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Innovate Consulting, LLC**

Mailing Address 1936 North Crystal Lake Drive

City Lakeland State FL Zip Code 33801

Purpose of Disbursement  
Grassroots Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D330862**

Amount of Each Disbursement this Period

532.50

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

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

6575.31

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D338902**

Amount of Each Disbursement this Period

1050.00

Full Name (Last, First, Middle Initial)

**B. Metro PCS**

Mailing Address 2250 Lakeside Blvd

City Richardson State TX Zip Code 75082-4304

Purpose of Disbursement  
Telephone Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : D338922**

Amount of Each Disbursement this Period

1006.72

Full Name (Last, First, Middle Initial)

**C. Florida Consumer Action Network**

Mailing Address 3006 W Kennedy Blvd, Suite B

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Political Strategy Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : D337352**

Amount of Each Disbursement this Period

2200.00

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

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

4256.72

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : D338463**

Amount of Each Disbursement this Period

1494.00

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : D337393**

Amount of Each Disbursement this Period

5040.00

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D337443**

Amount of Each Disbursement this Period

200.00

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

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

6734.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

Transaction ID : D338893

Amount of Each Disbursement this Period

1029.75

Full Name (Last, First, Middle Initial)

**B. Shantee Hall**

Mailing Address 130 E. Colonial Drive

City Orlando State FL Zip Code 32801

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

Transaction ID : D338073

Amount of Each Disbursement this Period

895.00

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

Transaction ID : D338083

Amount of Each Disbursement this Period

3707.48

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

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

5632.23

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D338093**

Amount of Each Disbursement this Period

120.83

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D338103**

Amount of Each Disbursement this Period

0.57

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2012

**Transaction ID : D334043**

Amount of Each Disbursement this Period

30.00

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

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

151.40



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D334983**

Amount of Each Disbursement this Period

200.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

**Transaction ID : D335113**

Amount of Each Disbursement this Period

200.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : D335173**

Amount of Each Disbursement this Period

800.00

Category/  
Type

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

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

1200.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Justin Conner Jones**

Mailing Address 2115 River Tree Circle

City Orlando State FL Zip Code 32839

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335283**

Amount of Each Disbursement this Period

285.00

Full Name (Last, First, Middle Initial)

**B. Sam Sneads**

Mailing Address 8540 Commerce Centre Drive

City Port St Lucie State FL Zip Code 34986

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

**Transaction ID : D335303**

Amount of Each Disbursement this Period

1867.50

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

**Transaction ID : D335313**

Amount of Each Disbursement this Period

200.00

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

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

2352.50

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : D335323**

Amount of Each Disbursement this Period

71.76

Full Name (Last, First, Middle Initial)

**B. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D338883**

Amount of Each Disbursement this Period

482.00

Full Name (Last, First, Middle Initial)

**C. Christine McAniff**

Mailing Address 4710-20 Pine Tree Drive  
Apt 46

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D330933**

Amount of Each Disbursement this Period

559.00

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

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

1112.76

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Keith Gage**

Mailing Address P.O. Box 570762

City Orlando State FL Zip Code 32857

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : D330993**

Amount of Each Disbursement this Period

895.00

Full Name (Last, First, Middle Initial)

**B. NGP VAN**

Mailing Address 1101 15th Street NW Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Software Support

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : D337533**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Publix**

Mailing Address 9050 Biscayne Blvd

City Miami Shores State FL Zip Code 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : D338913**

Amount of Each Disbursement this Period

171.51

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

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

1816.51

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D336873**

Amount of Each Disbursement this Period

300.00

**B. Chevron**

Full Name (Last, First, Middle Initial)

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2012

**Transaction ID : D338453**

Amount of Each Disbursement this Period

1877.00

**C. Chevron**

Full Name (Last, First, Middle Initial)

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D338464**

Amount of Each Disbursement this Period

1188.00

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

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

3365.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2012

Transaction ID : D338474

Amount of Each Disbursement this Period

3960.00

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : D337444

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Steve Berke**

Mailing Address 1400 NE Miami Gardens Drive Suite

City Miami State FL Zip Code 33179

Purpose of Disbursement  
Video Production Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : D338074

Amount of Each Disbursement this Period

750.00

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

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

4910.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D338084**

Amount of Each Disbursement this Period

49.79

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D338094**

Amount of Each Disbursement this Period

9.75

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D334984**

Amount of Each Disbursement this Period

200.00

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

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

259.54

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

Transaction ID : D335114

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

Transaction ID : D335174

Amount of Each Disbursement this Period

1600.00

Full Name (Last, First, Middle Initial)

**C. Justin Conner Jones**

Mailing Address 2115 River Tree Circle

City Orlando State FL Zip Code 32839

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2012

Transaction ID : D335284

Amount of Each Disbursement this Period

577.50

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

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

2377.50



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2012

**Transaction ID : D335324**

Amount of Each Disbursement this Period

137.75

Full Name (Last, First, Middle Initial)

**B. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2012

**Transaction ID : D330964**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2012

**Transaction ID : D338894**

Amount of Each Disbursement this Period

250.00

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

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

1187.75

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D338904**

Amount of Each Disbursement this Period

19.05

Full Name (Last, First, Middle Initial)

**B. Compdealings**

Mailing Address 2040 NE 163 Street, Ste. 210

City Miami State FL Zip Code 33162

Purpose of Disbursement  
IT Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D336864**

Amount of Each Disbursement this Period

1955.00

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

**Transaction ID : D335314**

Amount of Each Disbursement this Period

200.00

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

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

2174.05

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D336784**

Amount of Each Disbursement this Period

3960.00

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

**Transaction ID : D337384**

Amount of Each Disbursement this Period

3960.00

Full Name (Last, First, Middle Initial)

**C. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

**Transaction ID : D338465**

Amount of Each Disbursement this Period

1050.00

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

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

8970.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2012

**Transaction ID : D338475**

Amount of Each Disbursement this Period

2516.00

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2012

**Transaction ID : D338485**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D337445**

Amount of Each Disbursement this Period

200.00

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

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

2736.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. The Pivot Group, Inc.**

Date of Disbursement: MM / DD / YYYY  
09 / 20 / 2012

Mailing Address: 1720 I Street, NW Suite 550

City: Washington State: DC Zip Code: 20006

Purpose of Disbursement: Direct Mail - Contained No Express Advocacy

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D338075**

Amount of Each Disbursement this Period: 4110.00

Full Name (Last, First, Middle Initial)

**B. Paychex**

Date of Disbursement: MM / DD / YYYY  
09 / 04 / 2012

Mailing Address: 3636 Executive Center Drive #100

City: Austin State: TX Zip Code: 78731

Purpose of Disbursement: Payroll Services

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D338085**

Amount of Each Disbursement this Period: 26.00

Full Name (Last, First, Middle Initial)

**C. Paychex**

Date of Disbursement: MM / DD / YYYY  
09 / 21 / 2012

Mailing Address: 3636 Executive Center Drive #100

City: Austin State: TX Zip Code: 78731

Purpose of Disbursement: Payroll Taxes

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D338095**

Amount of Each Disbursement this Period: 10947.91

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15083.91

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2012

Transaction ID : D335115

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Blue Sky Marketplace**

Mailing Address 1250 Normandy Drive

City Miami Beach State FL Zip Code 33141

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2012

Transaction ID : D335125

Amount of Each Disbursement this Period

456.66

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2012

Transaction ID : D335325

Amount of Each Disbursement this Period

35.00

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

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

691.66

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Compdealings**

Mailing Address 2040 NE 163 Street, Ste. 210

City Miami State FL Zip Code 33162

Purpose of Disbursement  
IT Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : D336865

Amount of Each Disbursement this Period

1441.29

Full Name (Last, First, Middle Initial)

**B. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2012

Transaction ID : D335175

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

Transaction ID : D337385

Amount of Each Disbursement this Period

20.00

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

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

2261.29

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

**Transaction ID : D338466**

Amount of Each Disbursement this Period

3960.00

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

**Transaction ID : D338486**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. The Pivot Group, Inc.**

Mailing Address 1720 I Street, NW  
Suite 550

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Direct Mail - Contained No Express Advocacy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : D338076**

Amount of Each Disbursement this Period

4110.00

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

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

8090.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : D338086

Amount of Each Disbursement this Period

7750.66

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

Transaction ID : D338096

Amount of Each Disbursement this Period

224.45

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D334976

Amount of Each Disbursement this Period

4.00

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

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

7979.11

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. NGP VAN**

Mailing Address 1101 15th Street NW Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Software Support

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2012

**Transaction ID : D335296**

Amount of Each Disbursement this Period

150.00
--------

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : D335326**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : D337476**

Amount of Each Disbursement this Period

200.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

365.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : D330906**

Amount of Each Disbursement this Period

345.00

Full Name (Last, First, Middle Initial)

**B. Harmon, Curran, Spielberg & Eisenberg LLP**

Mailing Address 1726 M Street NW, Suite 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D330956**

Amount of Each Disbursement this Period

5158.00

Full Name (Last, First, Middle Initial)

**C. NGP VAN**

Mailing Address 1101 15th Street NW Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Software Support

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D331016**

Amount of Each Disbursement this Period

1250.00

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

6753.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : D338896**

Amount of Each Disbursement this Period

3497.25

Full Name (Last, First, Middle Initial)

**B. TNJ Bouncehouses**

Mailing Address 2426 Justin Rd W

City Jacksonville State FL Zip Code 32210-3453

Purpose of Disbursement  
Event Equipment Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : D331086**

Amount of Each Disbursement this Period

343.00

Full Name (Last, First, Middle Initial)

**C. Publix**

Mailing Address 9050 Biscayne Blvd

City Miami Shores State FL Zip Code 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D338906**

Amount of Each Disbursement this Period

2.01

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

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

3842.26

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lucidchart LLC**

Date of Disbursement: MM / DD / YYYY  
09 / 20 / 2012

Mailing Address 392 E. 12300 South, Ste. G

City Draper State UT Zip Code 84020

Purpose of Disbursement Software Purchase

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D338916**

Amount of Each Disbursement this Period: 249.00

Full Name (Last, First, Middle Initial)

**B. No Limit Event Rentals**

Date of Disbursement: MM / DD / YYYY  
09 / 13 / 2012

Mailing Address 3031 Moss Valley Place

City Winter Park State FL Zip Code 32792

Purpose of Disbursement Event Equipment Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D337536**

Amount of Each Disbursement this Period: 170.00

Full Name (Last, First, Middle Initial)

**C. Chevron**

Date of Disbursement: MM / DD / YYYY  
07 / 23 / 2012

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D336786**

Amount of Each Disbursement this Period: 3960.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4379.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

**Transaction ID : D335116**

Amount of Each Disbursement this Period

200.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Impact Sanford**

Mailing Address P.O. Box 701

City Sanford State FL Zip Code 32772

Purpose of Disbursement  
Equipment Rental for Event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2012

**Transaction ID : D337376**

Amount of Each Disbursement this Period

350.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

**Transaction ID : D338467**

Amount of Each Disbursement this Period

440.00

Category/  
Type

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

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

990.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

Transaction ID : D338487

Amount of Each Disbursement this Period

20.00

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2012

Transaction ID : D338077

Amount of Each Disbursement this Period

200.00

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : D338087

Amount of Each Disbursement this Period

1184.83

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

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

1404.83

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City State Zip Code  
Austin TX 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : D338097**

Amount of Each Disbursement this Period

128.20
--------

Full Name (Last, First, Middle Initial)

**B. John Brushwood**

Mailing Address 5308 Glasgow Ave

City State Zip Code  
Orlando FL 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : D337407**

Amount of Each Disbursement this Period

955.42
--------

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2012

**Transaction ID : D335117**

Amount of Each Disbursement this Period

200.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1283.62
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fairmont Consulting**

Mailing Address 18118 Chesterfield Airport Rd, Sui

City State Zip Code  
Chesterfield MO 63005

Purpose of Disbursement  
Research Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	2

**Transaction ID : D335137**

Amount of Each Disbursement this Period

1	4	0	2	.	3	1
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	2

**Transaction ID : D335147**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Shawn E. Brown Entertainment Intl , LLC**

Mailing Address 11818-D Raintree Lake Lane Temple

City State Zip Code  
Tampa FL 33617

Purpose of Disbursement  
Entertainment for Event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	2

**Transaction ID : D335307**

Amount of Each Disbursement this Period

2	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	6	0	.	2	3	1
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**TOTAL** This Period (last page this line number only)..... ▶

3	6	0	.	2	3	1
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

Transaction ID : D338887

Amount of Each Disbursement this Period

5413.00

Full Name (Last, First, Middle Initial)

**B. No Limit Event Rentals**

Mailing Address 3031 Moss Valley Place

City Winter Park State FL Zip Code 32792

Purpose of Disbursement  
Event Equipment Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

Transaction ID : D331017

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

**C. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : D337397

Amount of Each Disbursement this Period

5040.00

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

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

10623.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2012

Transaction ID : D338897

Amount of Each Disbursement this Period

1029.75

Full Name (Last, First, Middle Initial)

**B. Metro PCS**

Mailing Address 2250 Lakeside Blvd

City Richardson State TX Zip Code 75082-4304

Purpose of Disbursement  
Telephone Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : D338907

Amount of Each Disbursement this Period

585.00

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2012

Transaction ID : D336787

Amount of Each Disbursement this Period

20.00

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

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

1634.75

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D336807**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**B. The Pivot Group, Inc.**

Mailing Address 1720 I Street, NW  
Suite 550

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Direct Mail - Contained No Express Advocacy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : D338417**

Amount of Each Disbursement this Period

3450.00

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D334977**

Amount of Each Disbursement this Period

200.00

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

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

4450.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D338488**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D338468**

Amount of Each Disbursement this Period

2840.00

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D338088**

Amount of Each Disbursement this Period

100.22

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

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

2960.22

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City State Zip Code  
Austin TX 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : D338098**

Amount of Each Disbursement this Period

1	1	1	1	3	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	2

**Transaction ID : D334978**

Amount of Each Disbursement this Period

2	0	0	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City State Zip Code  
Miami FL 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

**Transaction ID : D335108**

Amount of Each Disbursement this Period

8	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	2	1	1	3	1
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

**Transaction ID : D335148**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2012

**Transaction ID : D335288**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Spirit Airlines**

Mailing Address 2800 Executive Way

City Miramar State FL Zip Code 33025

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2012

**Transaction ID : D335308**

Amount of Each Disbursement this Period

101.59

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

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

551.59

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 9300 NW 77th Ave.

City Hialeah State FL Zip Code 33016

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

**Transaction ID : D335318**

Amount of Each Disbursement this Period

144.07

Full Name (Last, First, Middle Initial)

**B. A Quality Event, Inc.**

Mailing Address 1393 NW 74th St

City Miami State FL Zip Code 33147-6429

Purpose of Disbursement  
Equipment Rental for Event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : D330898**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

**Transaction ID : D338898**

Amount of Each Disbursement this Period

2151.20

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

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

2595.27



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : D338908**

Amount of Each Disbursement this Period

42.26

Full Name (Last, First, Middle Initial)

**B. Hotels.com**

Mailing Address 10440 North Central Expressway  
Suite 400

City Dallas State TX Zip Code 75231

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

**Transaction ID : D338918**

Amount of Each Disbursement this Period

108.60

Full Name (Last, First, Middle Initial)

**C. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D337408**

Amount of Each Disbursement this Period

1605.42

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

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

1756.28

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. A Quality Event, Inc.**

Mailing Address 1393 NW 74th St

City Miami State FL Zip Code 33147-6429

Purpose of Disbursement  
Equipment Rental for Event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : D336788**

Amount of Each Disbursement this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : D336808**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

**Transaction ID : D335138**

Amount of Each Disbursement this Period

155.73

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

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

1280.73

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2012

Transaction ID : D338469

Amount of Each Disbursement this Period

3860.00
---------

Full Name (Last, First, Middle Initial)

**B. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2012

Transaction ID : D337409

Amount of Each Disbursement this Period

955.42
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Full Name (Last, First, Middle Initial)

**C. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2012

Transaction ID : D337399

Amount of Each Disbursement this Period

1920.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6735.42
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Zephyrhills**

Mailing Address P.O. Box 856680

City Louisville State KY Zip Code 40285-6680

Purpose of Disbursement  
Water for Campaign Office

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	2		

**Transaction ID : D338079**

Amount of Each Disbursement this Period

2	4	9	.	8	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	2		

**Transaction ID : D338089**

Amount of Each Disbursement this Period

1	8	.	1	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	2		

**Transaction ID : D337389**

Amount of Each Disbursement this Period

3	9	6	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	2	2	.	8	0	1
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D338099**

Amount of Each Disbursement this Period

243.00

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2012

**Transaction ID : D335129**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335139**

Amount of Each Disbursement this Period

335.04

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

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

778.04

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Hashim Benford**

Mailing Address 1239 15 Street  
Apt 5

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	2

**Transaction ID : D335149**

Amount of Each Disbursement this Period

7	7	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Tampa Tent & Rental Co., Inc.**

Mailing Address 2102 West Waters Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Equipment Rental for Event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	2

**Transaction ID : D335309**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Willie Briggs**

Mailing Address 1306 Shepard Street

City Sanford State FL Zip Code 32771

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	2

**Transaction ID : D335319**

Amount of Each Disbursement this Period

6	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

2	3	9	0	0	0	0	0	0	0
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2	3	9	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2012

Transaction ID : D338889

Amount of Each Disbursement this Period

1180.00

Full Name (Last, First, Middle Initial)

**B. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

Transaction ID : D338899

Amount of Each Disbursement this Period

376.00

Full Name (Last, First, Middle Initial)

**C. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

Transaction ID : D338909

Amount of Each Disbursement this Period

27.93

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

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

1583.93

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Innovate Consulting, LLC**

Mailing Address 1936 North Crystal Lake Drive

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Grassroots Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : D330859**

Amount of Each Disbursement this Period

570.00

Full Name (Last, First, Middle Initial)

**B. Ada Quinones Catering**

Mailing Address 13915 Wheeling Lane

City State Zip Code  
Jacksonville Beach FL 32250

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D336789**

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

**C. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City State Zip Code  
Miami FL 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : D336809**

Amount of Each Disbursement this Period

800.00

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

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

1610.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. SurveyMonkey.com**

Mailing Address 285 Hamilton Ave., Ste. 500

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Online Polling Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D338429**

Amount of Each Disbursement this Period

204.00

Full Name (Last, First, Middle Initial)

**B. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

**Transaction ID : D335109**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D337349**

Amount of Each Disbursement this Period

138.51

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

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

1142.51

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D337379**

Amount of Each Disbursement this Period

3960.00

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Reimbursement for Canvass & Program-Related Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

**Transaction ID : D330865**

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 6600 North Military Trail

City Boca Raton State FL Zip Code 33487

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : D332250**

Amount of Each Disbursement this Period

84.36

**[MEMO ITEM]**

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

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

203960.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Harmon, Curran, Spielberg & Eisenberg LLP**

Mailing Address 1726 M Street NW, Suite 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2012

Transaction ID : D12

Amount of Each Disbursement this Period

8480.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. David Staples**

Mailing Address 101 W. Wooster Street

City Danbury State CT Zip Code 06810

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D26

Amount of Each Disbursement this Period

637.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HJ Janitorial Services, Inc.**

Mailing Address 14641 SW 108 Street

City Miami State FL Zip Code 33186

Purpose of Disbursement  
Cleaning Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D30

Amount of Each Disbursement this Period

90.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Hotels.com**

Mailing Address 10440 North Central Expressway  
Suite 400

City Dallas State TX Zip Code 75231

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D327

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D325

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Enterprise Rent A Car**

Mailing Address 600 Corporate Park Dr

City St. Louis State MO Zip Code 63105

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D329

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Luis**

Mailing Address 4350 SW 13 Ter

City Miami State FL Zip Code 33134

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : D281

Amount of Each Disbursement this Period

1153.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Serena Ellis**

Mailing Address 14751 NE 9 Avenue

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : D278

Amount of Each Disbursement this Period

1661.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2012

Transaction ID : D377

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Publix**

Mailing Address 7653 S Orange Blossom Trl

City Orlando State FL Zip Code 32809

Purpose of Disbursement  
Food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D401

Amount of Each Disbursement this Period

195.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
IT Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D100

Amount of Each Disbursement this Period

547.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Use of Depreciable Assets

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D120

Amount of Each Disbursement this Period

259.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Admin./Organ./Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D400

Amount of Each Disbursement this Period

2384.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D333410

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2012

Transaction ID : D312

Amount of Each Disbursement this Period

38.99

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)  
**A. Harmon, Curran, Spielberg & Eisenberg LLP**

Mailing Address 1726 M Street NW, Suite 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D13

Amount of Each Disbursement this Period: 1087.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Rumco Properties LLC**

Mailing Address P.O. Box 12263

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D27

Amount of Each Disbursement this Period: 800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. HJ Janitorial Services, Inc.**

Mailing Address 14641 SW 108 Street

City Miami State FL Zip Code 33186

Purpose of Disbursement Cleaning Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : D31

Amount of Each Disbursement this Period: 700.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Overstock.com**

Mailing Address 6350 South 3000 East

City State Zip Code  
Salt Lake City UT 84121

Purpose of Disbursement  
Office Furniture

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2012

Transaction ID : D303

Amount of Each Disbursement this Period

286.91
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Steve Luis**

Mailing Address 4350 SW 13 Ter

City State Zip Code  
Miami FL 33134

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2012

Transaction ID : D285

Amount of Each Disbursement this Period

3096.03
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Opel Simmons III**

Mailing Address 14219 Rocky Briar Lane

City State Zip Code  
Rosharon TX 77583

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2012

Transaction ID : D337

Amount of Each Disbursement this Period

750.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Serena Ellis**

Mailing Address 14751 NE 9 Avenue

City State Zip Code  
Miami Beach FL 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

Transaction ID : D289

Amount of Each Disbursement this Period

2	0	8	8	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Margarita Bernal**

Mailing Address 5524 SW 154 Place

City State Zip Code  
Miami FL 33185

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

Transaction ID : D260

Amount of Each Disbursement this Period

1	4	6	0	3	4
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Morris Ferrell**

Mailing Address 311 West Ashley Street #311

City State Zip Code  
Jacksonville FL 32202

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

Transaction ID : D293

Amount of Each Disbursement this Period

4	0	8	5	0
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[MEMO ITEM]

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

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

0	0	0
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0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	2		

**Transaction ID : D365**

Amount of Each Disbursement this Period

5	8	6	.	7	2
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Publix**

Mailing Address 7653 S Orange Blossom Trl

City Orlando State FL Zip Code 32809

Purpose of Disbursement  
Food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	2		

**Transaction ID : D404**

Amount of Each Disbursement this Period

1	5	5	.	6	2
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Maintenance Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	2		

**Transaction ID : D91**

Amount of Each Disbursement this Period

3	4	9	.	0	0
---	---	---	---	---	---

**[MEMO ITEM]**

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

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

0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Food and Beverage for Satellite Offices

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D405

Amount of Each Disbursement this Period

915.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D333411

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Carlos Sanchez**

Mailing Address 133 NE 2nd Ave #LP08

City Miami State FL Zip Code 33132

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D275

Amount of Each Disbursement this Period

384.60

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D338431

Amount of Each Disbursement this Period

42.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address 3101 N. Miami Ave

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Telephone Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D338441

Amount of Each Disbursement this Period

107.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Delray Office Plaza, Ltd.**

Mailing Address 2240 Woolbright  
Suite 300

City Boyton Beach State FL Zip Code 33426

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2012

Transaction ID : D28

Amount of Each Disbursement this Period

6180.01

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Danny's Printing**

Mailing Address 7233 Biscayne Boulevard

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D317

Amount of Each Disbursement this Period

315.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Opel Simmons III**

Mailing Address 14219 Rocky Briar Lane

City Rosharon State TX Zip Code 77583

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : D338

Amount of Each Disbursement this Period

775.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Margarita Bernal**

Mailing Address 5524 SW 154 Place

City Miami State FL Zip Code 33185

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D267

Amount of Each Disbursement this Period

1655.05

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2012

Transaction ID : D372

Amount of Each Disbursement this Period

380.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D82

Amount of Each Disbursement this Period

528.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D112

Amount of Each Disbursement this Period

671.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Golden Corral**

Mailing Address 7251 W. Colonial Drive

City Orlando State FL Zip Code 32818

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2012

Transaction ID : D402

Amount of Each Disbursement this Period

1147.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D333412

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D332273

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Evans & Katz LLC**

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D14

Amount of Each Disbursement this Period

3500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2012

Transaction ID : D366

Amount of Each Disbursement this Period

816.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ikea**

Mailing Address 151 NW 136 Avenue

City Sunrise State FL Zip Code 33325

Purpose of Disbursement  
Furniture Purchase

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

Transaction ID : D296

Amount of Each Disbursement this Period

39.99

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 6600 North Military Trail

City Boca Raton State FL Zip Code 33487

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

Transaction ID : D305

Amount of Each Disbursement this Period

224.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PK Graphics**

Mailing Address 420 Lincoln Road

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2012

Transaction ID : D313

Amount of Each Disbursement this Period

330.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Mone Holder**

Mailing Address 14040 Biscayne Blvd  
Apt 409

City North Miami Beach State FL Zip Code 33181

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : D270

Amount of Each Disbursement this Period

411.06

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Margarita Bernal**

Mailing Address 5524 SW 154 Place

City Miami State FL Zip Code 33185

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	2		

**Transaction ID : D276**

Amount of Each Disbursement this Period

1	9	7	9	5	7
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Christine McAniff**

Mailing Address 4710-20 Pine Tree Drive  
Apt 46

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	2		

**Transaction ID : D344**

Amount of Each Disbursement this Period

5	5	9	0	0
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	1	2		

**Transaction ID : D376**

Amount of Each Disbursement this Period

4	2	0	0	0
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**[MEMO ITEM]**

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

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

0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 9300 NW 77th Ave.

City Hialeah State FL Zip Code 33016

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D403

Amount of Each Disbursement this Period

70.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Computer Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D103

Amount of Each Disbursement this Period

927.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D123

Amount of Each Disbursement this Period

6000.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D333413

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Publix**

Mailing Address 9050 Biscayne Blvd

City Miami Shores State FL Zip Code 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D338433

Amount of Each Disbursement this Period

171.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. City of Orlando**

Mailing Address 101 N Parramore Ave

City Orlando State FL Zip Code 32801-1713

Purpose of Disbursement  
Event Permit Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D338443

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gihan Perera**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D266**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D370**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ikea**

Mailing Address 151 NW 136 Avenue

City Sunrise State FL Zip Code 33325

Purpose of Disbursement  
Furniture Purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D297**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 6600 North Military Trail

City Boca Raton State FL Zip Code 33487

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

**Transaction ID : D306**

Amount of Each Disbursement this Period

112.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PK Graphics**

Mailing Address 420 Lincoln Road

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : D314**

Amount of Each Disbursement this Period

165.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Mone Holder**

Mailing Address 14040 Biscayne Blvd  
Apt 409

City North Miami Beach State FL Zip Code 33181

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : D279**

Amount of Each Disbursement this Period

735.58

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Margarita Bernal**

Mailing Address 5524 SW 154 Place

City Miami State FL Zip Code 33185

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : D284

Amount of Each Disbursement this Period

2693.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Lori Danley**

Mailing Address 2775 10th Ave #110

City Palm Springs State FL Zip Code 33461

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : D274

Amount of Each Disbursement this Period

76.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2012

Transaction ID : D379

Amount of Each Disbursement this Period

380.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D74

Amount of Each Disbursement this Period

103.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Aperture Networks LLC**

Mailing Address 930 Washington Ave  
Suite 201

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
Office Equipment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D333414

Amount of Each Disbursement this Period

4840.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Metro PCS**

Mailing Address 2250 Lakeside Blvd

City Richardson State TX Zip Code 75082-4304

Purpose of Disbursement  
Telephone Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D338444

Amount of Each Disbursement this Period

1006.72

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : D374**

Amount of Each Disbursement this Period

9	4	4	.	5	6
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

**Transaction ID : D307**

Amount of Each Disbursement this Period

2	6	.	9	1
---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. PK Graphics**

Mailing Address 420 Lincoln Road

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	2

**Transaction ID : D315**

Amount of Each Disbursement this Period

9	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Facebook.com**

Mailing Address 156 University Ave

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Voter Education Internet Ad Buy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

**Transaction ID : D318**

Amount of Each Disbursement this Period

12.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Alisa Cepeda**

Mailing Address 4215 Sheridan Ave  
Unit 4

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : D268**

Amount of Each Disbursement this Period

726.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Mone Holder**

Mailing Address 14040 Biscayne Blvd  
Apt 409

City North Miami Beach State FL Zip Code 33181

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : D288**

Amount of Each Disbursement this Period

2927.40

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Margarita Bernal**

Mailing Address 5524 SW 154 Place

City Miami State FL Zip Code 33185

Purpose of Disbursement  
Reimb. - Staff Training Registration

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D393

Amount of Each Disbursement this Period

123.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Lori Danley**

Mailing Address 2775 10th Ave #110

City Palm Springs State FL Zip Code 33461

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : D283

Amount of Each Disbursement this Period

1266.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gihan Perera**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D273

Amount of Each Disbursement this Period

685.14

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial) <b>A. Florida New Majority</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2012
Mailing Address 8330 Biscayne Blvd. Suite 1		<b>Transaction ID : D75</b>
City Miami State FL Zip Code 33138	Amount of Each Disbursement this Period 54.20	
Purpose of Disbursement Payroll Services	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Florida New Majority</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2012
Mailing Address 8330 Biscayne Blvd. Suite 1		<b>Transaction ID : D85</b>
City Miami State FL Zip Code 33138	Amount of Each Disbursement this Period 182.00	
Purpose of Disbursement Utilities	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Delray Office Plaza, Ltd.</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2012
Mailing Address 2240 Woolbright Suite 300		<b>Transaction ID : D333415</b>
City Boyton Beach State FL Zip Code 33426	Amount of Each Disbursement this Period 1046.27	
Purpose of Disbursement Security Deposit	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Ikea**

Mailing Address 151 NW 136 Avenue

City Sunrise State FL Zip Code 33325

Purpose of Disbursement  
Furniture Purchase

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : D298**

Amount of Each Disbursement this Period

108.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Lucidchart LLC**

Mailing Address 392 E. 12300 South, Ste. G

City Draper State UT Zip Code 84020

Purpose of Disbursement  
Software Purchase

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

**Transaction ID : D338435**

Amount of Each Disbursement this Period

249.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Stepping Stones Consulting LLC**

Mailing Address 3022 Cormorant Road

City Delray Beach State FL Zip Code 33444

Purpose of Disbursement  
Organizational Development Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 07 / 2012

**Transaction ID : D17**

Amount of Each Disbursement this Period

10302.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Angela Nixon**

Mailing Address 3954 Victoria Landing Drive N

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D271**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Aperture Networks LLC**

Mailing Address 930 Washington Ave Suite 201

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
IT Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D33**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D308**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. PK Graphics**

Mailing Address 420 Lincoln Road

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D316

Amount of Each Disbursement this Period

350.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Alisa Cepeda**

Mailing Address 4215 Sheridan Ave  
Unit 4

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : D277

Amount of Each Disbursement this Period

1292.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Wellstone Action**

Mailing Address 2446 University Ave West  
Suite 170

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D73

Amount of Each Disbursement this Period

697.58

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lori Danley**

Mailing Address 2775 10th Ave #110

City State Zip Code  
Palm Springs FL 33461

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	2		

**Transaction ID : D291**

Amount of Each Disbursement this Period

1	6	9	2	.	0	0
---	---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Devetria Stratford**

Mailing Address 2404 NW 64 St

City State Zip Code  
Miami FL 33147

Purpose of Disbursement  
Security Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	2		

**Transaction ID : D380**

Amount of Each Disbursement this Period

1	8	9	.	0	0
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Gihan Perera**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	2		

**Transaction ID : D282**

Amount of Each Disbursement this Period

1	2	2	6	.	0	4
---	---	---	---	---	---	---

**[MEMO ITEM]**

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D76

Amount of Each Disbursement this Period

120.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Business Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D96

Amount of Each Disbursement this Period

96.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D106

Amount of Each Disbursement this Period

915.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D347

Amount of Each Disbursement this Period

10157.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D357

Amount of Each Disbursement this Period

520.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jacksonville Electric Authority**

Mailing Address 21 W Church St

City Jacksonville State FL Zip Code 32202-3155

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D333416

Amount of Each Disbursement this Period

400.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D378

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D338426

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Stepping Stones Consulting LLC**

Mailing Address 3022 Cormorant Road

City Delray Beach State FL Zip Code 33444

Purpose of Disbursement  
Organizational Development Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D18

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Angela Nixon**

Mailing Address 3954 Victoria Landing Drive N

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

**Transaction ID : D280**

Amount of Each Disbursement this Period

1457.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2012

**Transaction ID : D309**

Amount of Each Disbursement this Period

43.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DoubleTree Universal Orlando**

Mailing Address 5780 Major Boulevard

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Food Purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : D321**

Amount of Each Disbursement this Period

45.87

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Alisa Cepeda**

Mailing Address 4215 Sheridan Ave  
Unit 4

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

**Transaction ID : D286**

Amount of Each Disbursement this Period

2342.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : D367**

Amount of Each Disbursement this Period

560.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gihan Perera**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

**Transaction ID : D287**

Amount of Each Disbursement this Period

4683.54

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Publix**

Mailing Address 9050 Biscayne Blvd

City State Zip Code  
Miami Shores FL 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 01 2012

Transaction ID : D338427

Amount of Each Disbursement this Period

2.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Business Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 01 2012

Transaction ID : D97

Amount of Each Disbursement this Period

244.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 01 2012

Transaction ID : D107

Amount of Each Disbursement this Period

1122.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Unemployment Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	2		

Transaction ID : D348

Amount of Each Disbursement this Period

9	3	.	5	3
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1			2	0	1	2		

Transaction ID : D369

Amount of Each Disbursement this Period

2	0	7	6	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PK Graphics**

Mailing Address 420 Lincoln Road

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	8			2	0	1	2		

Transaction ID : D319

Amount of Each Disbursement this Period

9	0	.	0	0
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 28 / 2012

Transaction ID : D326

Amount of Each Disbursement this Period

451.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D358

Amount of Each Disbursement this Period

24176.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2012

Transaction ID : D375

Amount of Each Disbursement this Period

7720.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2012

Transaction ID : D310

Amount of Each Disbursement this Period

38.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DoubleTree Universal Orlando**

Mailing Address 5780 Major Boulevard

City State Zip Code  
Orlando FL 32819

Purpose of Disbursement  
Food Purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012

Transaction ID : D322

Amount of Each Disbursement this Period

124.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City State Zip Code  
Miami FL 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2012

Transaction ID : D371

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D338438

Amount of Each Disbursement this Period

40.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Telecommunication Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D88

Amount of Each Disbursement this Period

542.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Technology Purchase

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D98

Amount of Each Disbursement this Period

210.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

**Transaction ID : D359**

Amount of Each Disbursement this Period

1933.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Angela Nixon**

Mailing Address 3954 Victoria Landing Drive N

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2012

**Transaction ID : D292**

Amount of Each Disbursement this Period

2424.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Alisa Cepeda**

Mailing Address 4215 Sheridan Ave  
Unit 4

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2012

**Transaction ID : D290**

Amount of Each Disbursement this Period

1999.28

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	2		

Transaction ID : D381

Amount of Each Disbursement this Period

3	1	1	4	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Blue Breeze**

Mailing Address 655 NW 118 Street

City Miami State FL Zip Code 33168

Purpose of Disbursement  
Office Air Conditioner

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	1	2		

Transaction ID : D295

Amount of Each Disbursement this Period

5	1	4	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	2		

Transaction ID : D311

Amount of Each Disbursement this Period

3	8	.	9	9
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. DoubleTree Universal Orlando**

Mailing Address 5780 Major Boulevard

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012

Transaction ID : D323

Amount of Each Disbursement this Period

296.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Hotels.com**

Mailing Address 10440 North Central Expressway  
Suite 400

City Dallas State TX Zip Code 75231

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2012

Transaction ID : D324

Amount of Each Disbursement this Period

147.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Steve Luis**

Mailing Address 4350 SW 13 Ter

City Miami State FL Zip Code 33134

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : D272

Amount of Each Disbursement this Period

76.92

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Serena Ellis**

Mailing Address 14751 NE 9 Avenue

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2012

Transaction ID : D269

Amount of Each Disbursement this Period

1661.40
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2012

Transaction ID : D373

Amount of Each Disbursement this Period

700.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2012

Transaction ID : D79

Amount of Each Disbursement this Period

3000.00
---------

[MEMO ITEM]

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

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

0.00
------

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Postal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D109

Amount of Each Disbursement this Period

179.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D360

Amount of Each Disbursement this Period

14797.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D333409

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Enterprise Rent A Car**

Mailing Address 600 Corporate Park Dr

City St. Louis State MO Zip Code 63105

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

Transaction ID : D333419

Amount of Each Disbursement this Period

527.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Item. of IE for salary & other canvass-related expenses rep. on Sched. E

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2012

Transaction ID : D330867

Amount of Each Disbursement this Period

29488.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330970

Amount of Each Disbursement this Period

1200.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Vinson Marsh**

Mailing Address 632 NE 85 Street Apt 12

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D331090**

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Johann Joseph**

Mailing Address 2131 NE Miami Gardens Drive

City North Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D331110**

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D330910**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Ophelia Somers**

Mailing Address 2233 Adams Street Apt B

City Hollywood State FL Zip Code 33020

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D331020**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D330931**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City Coconut Creek State FL Zip Code 33066

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D330981**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Juan Rodriguez**

Mailing Address 3415 W Hillsborough Ave #726

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2012

Transaction ID : D330991

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2012

Transaction ID : D331121

Amount of Each Disbursement this Period

540.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Mirlene Val**

Mailing Address 1210 NE 113 Terrace #3

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2012

Transaction ID : D331012

Amount of Each Disbursement this Period

800.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Rochelle Jackson**

Mailing Address PO Box 380265

City Miami State FL Zip Code 33238

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331062**

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ywana Allen**

Mailing Address 12311 Kesington Lake Dr 1405

City Jacksonville State FL Zip Code 32246

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331092**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331142**

Amount of Each Disbursement this Period

585.00

[MEMO ITEM]

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

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

0.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City Port St. Lucie State FL Zip Code 34983

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D330923**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Maria Acevedo**

Mailing Address 2121 SW 2 Street Apt 7

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331003**

Amount of Each Disbursement this Period

420.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Sarah Halper**

Mailing Address 709 S D Street

City Lake Worth State FL Zip Code 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331073**

Amount of Each Disbursement this Period

420.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Estefania Galvis**

Mailing Address 10811 N Mc Kinley Dr.

City Tampa State FL Zip Code 33612

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331103**

Amount of Each Disbursement this Period

292.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331113**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331133**

Amount of Each Disbursement this Period

352.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330944

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D331024

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330954

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331095**

Amount of Each Disbursement this Period

345.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Velma Rounsville**

Mailing Address 3238 Sedona Trail

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331125**

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Yettie Thompkins**

Mailing Address 414 Lincoln Rd.

City Cocoa State FL Zip Code 32926

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331135**

Amount of Each Disbursement this Period

510.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330926

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Darlene Marshall**

Mailing Address 6175 Checkmate Ln

City Jacksonville State FL Zip Code 32244

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330946

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Keren Frederick**

Mailing Address 1341 NE 143 Street

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330996

Amount of Each Disbursement this Period

465.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : D330977

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Joseph Jay**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : D330987

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Marisol Marquez**

Mailing Address 304 E Chelsea Street

City Tampa State FL Zip Code 33603

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : D331007

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Shakera Bailey**

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D331077

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Tommy Rodgers**

Mailing Address 1722 Basset Rd

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D331087

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Guerra**

Mailing Address 3408 W Reynolds St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D331107

Amount of Each Disbursement this Period

387.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Harold Pendas**

Mailing Address 1222 NW 58 ST

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Transaction ID : D331117

Amount of Each Disbursement this Period

525.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Arthur Smith**

Mailing Address 9 Iverness Rd.

City Scardale State NY Zip Code 10583

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Transaction ID : D330928

Amount of Each Disbursement this Period

172.50
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Tracey**

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Transaction ID : D331138

Amount of Each Disbursement this Period

420.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Rossana Torres**

Mailing Address 8820 Fontainebleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331069**

Amount of Each Disbursement this Period

435.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331099**

Amount of Each Disbursement this Period

510.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City Kissimmee State FL Zip Code 34743

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331129**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Item. of IE for salary & other canvass-related expenses rep. on Sched. E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2012

Transaction ID : D330869

Amount of Each Disbursement this Period

29505.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331050

Amount of Each Disbursement this Period

338.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Nicholas McGriff**

Mailing Address 5571 Longspir Ave

City Jacksonville State FL Zip Code 32219

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336510

Amount of Each Disbursement this Period

210.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Velma Rounsville**

Mailing Address 3238 Sedona Trail

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336570**

Amount of Each Disbursement this Period

210.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336440**

Amount of Each Disbursement this Period

1200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336311**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336361**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336381**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331051**

Amount of Each Disbursement this Period

815.24

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Harold Pendas**

Mailing Address 1222 NW 58 ST

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

Transaction ID : D336421

Amount of Each Disbursement this Period

525.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Tracey**

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

Transaction ID : D336441

Amount of Each Disbursement this Period

540.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Rossana Torres**

Mailing Address 8820 Fontainebleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

Transaction ID : D336541

Amount of Each Disbursement this Period

540.00
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Shakera Bailey**

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336551

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City Kissimmee State FL Zip Code 34743

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336342

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Estefania Galvis**

Mailing Address 10811 N Mc Kinley Dr.

City Tampa State FL Zip Code 33612

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336392

Amount of Each Disbursement this Period

397.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331052**

Amount of Each Disbursement this Period

190.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ophelia Somers**

Mailing Address 2233 Adams Street Apt B

City Hollywood State FL Zip Code 33020

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336512**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Tommy Rodgers**

Mailing Address 1722 Basset Rd

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336562**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336333**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336413**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331053**

Amount of Each Disbursement this Period

433.93

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Mirlene Val**

Mailing Address 1210 NE 113 Terrace #3

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336503**

Amount of Each Disbursement this Period

640.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Johann Joseph**

Mailing Address 2131 NE Miami Gardens Drive

City North Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336433**

Amount of Each Disbursement this Period

555.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336324**

Amount of Each Disbursement this Period

950.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336414**

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Rochelle Jackson**

Mailing Address PO Box 380265

City Miami State FL Zip Code 33238

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336534**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Sarah Halper**

Mailing Address 709 S D Street

City Lake Worth State FL Zip Code 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336544**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

**Transaction ID : D336445**

Amount of Each Disbursement this Period

540.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Keren Frederick**

Mailing Address 1341 NE 143 Street

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

**Transaction ID : D336465**

Amount of Each Disbursement this Period

555.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

**Transaction ID : D336525**

Amount of Each Disbursement this Period

540.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph Jay**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336455**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336346**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Darlene Marshall**

Mailing Address 6175 Checkmate Ln

City Jacksonville State FL Zip Code 32244

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336366**

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

Transaction ID : D336406

Amount of Each Disbursement this Period

540.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Juan Rodriguez**

Mailing Address 3415 W Hillsborough Ave #726

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

Transaction ID : D336456

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Guerra**

Mailing Address 3408 W Reynolds St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2012

Transaction ID : D336377

Amount of Each Disbursement this Period

540.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331047

Amount of Each Disbursement this Period

130.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Maria Acevedo**

Mailing Address 2121 SW 2 Street Apt 7

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336487

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Marisol Marquez**

Mailing Address 304 E Chelsea Street

City Tampa State FL Zip Code 33603

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336497

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336517

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Yettie Thompkins**

Mailing Address 414 Lincoln Rd.

City Cocoa State FL Zip Code 32926

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336577

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331048

Amount of Each Disbursement this Period

636.66

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City Coconut Creek State FL Zip Code 33066

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336448**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ywana Allen**

Mailing Address 12311 Kesington Lake Dr 1405

City Jacksonville State FL Zip Code 32246

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336578**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Arthur Smith**

Mailing Address 9 Iverness Rd.

City Scardale State NY Zip Code 10583

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336338**

Amount of Each Disbursement this Period

892.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331049**

Amount of Each Disbursement this Period

148.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336319**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City Port St. Lucie State FL Zip Code 34983

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D336329**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : D336569

Amount of Each Disbursement this Period

307.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Reimbursement - Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

Transaction ID : D330916

Amount of Each Disbursement this Period

84.79

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Item. of IE for salary & other canvass-related expenses rep. on Sched. E

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2012

Transaction ID : D334989

Amount of Each Disbursement this Period

29399.95

[MEMO ITEM]

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

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

84.79

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Shakera Bailey**

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336550**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City Port St. Lucie State FL Zip Code 34983

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336330**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Harold Pendas**

Mailing Address 1222 NW 58 ST

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336420**

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Rossana Torres**

Mailing Address 8820 Fontainebleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336540**

Amount of Each Disbursement this Period

465.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Velma Rounsville**

Mailing Address 3238 Sedona Trail

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336571**

Amount of Each Disbursement this Period

202.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336362**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	2

Transaction ID : D336412

Amount of Each Disbursement this Period

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Tracey**

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	2

Transaction ID : D336442

Amount of Each Disbursement this Period

5	5	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	2

Transaction ID : D336382

Amount of Each Disbursement this Period

5	4	0	0	0	0	0	0	0	0
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[MEMO ITEM]

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

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

0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City Kissimee State FL Zip Code 34743

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

Transaction ID : D336343

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Estefania Galvis**

Mailing Address 10811 N Mc Kinley Dr.

City Tampa State FL Zip Code 33612

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

Transaction ID : D336393

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Keith Gage**

Mailing Address P.O. Box 570762

City Orlando State FL Zip Code 32857

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

Transaction ID : D336463

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Tommy Rodgers**

Mailing Address 1722 Basset Rd

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D336563**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ophelia Somers**

Mailing Address 2233 Adams Street Apt B

City Hollywood State FL Zip Code 33020

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D336513**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D336334**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Johann Joseph**

Mailing Address 2131 NE Miami Gardens Drive

City North Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336434**

Amount of Each Disbursement this Period

555.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Joseph Jay**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336454**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Mirlene Val**

Mailing Address 1210 NE 113 Terrace #3

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336504**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336325**

Amount of Each Disbursement this Period

950.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336405**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336415**

Amount of Each Disbursement this Period

562.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Sarah Halper**

Mailing Address 709 S D Street

City Lake Worth State FL Zip Code 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2012

**Transaction ID : D336545**

Amount of Each Disbursement this Period

472.50
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Rochelle Jackson**

Mailing Address PO Box 380265

City Miami State FL Zip Code 33238

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2012

**Transaction ID : D336535**

Amount of Each Disbursement this Period

532.50
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2012

**Transaction ID : D336446**

Amount of Each Disbursement this Period

540.00
--------

**[MEMO ITEM]**

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Keren Frederick**

Mailing Address 1341 NE 143 Street

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2012

**Transaction ID : D336466**

Amount of Each Disbursement this Period

555.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Linda Echeverria**

Mailing Address 11305 Spining Reel

City Orlando State FL Zip Code 32852

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2012

**Transaction ID : D336476**

Amount of Each Disbursement this Period

150.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Marilyn Carter**

Mailing Address 1320 W 11 St

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2012

**Transaction ID : D336496**

Amount of Each Disbursement this Period

315.00
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**[MEMO ITEM]**

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

Transaction ID : D336526

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Yettie Thompkins**

Mailing Address 414 Lincoln Rd.

City Cocoa State FL Zip Code 32926

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

Transaction ID : D336576

Amount of Each Disbursement this Period

465.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

Transaction ID : D336347

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Juan Rodriguez**

Mailing Address 3415 W Hillsborough Ave #726

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : D336457**

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Darlene Marshall**

Mailing Address 6175 Checkmate Ln

City Jacksonville State FL Zip Code 32244

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : D336367**

Amount of Each Disbursement this Period

550.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : D336318**

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Diego Guerra**

Mailing Address 3408 W Reynolds St.

City State Zip Code  
Plant City FL 33563

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : D336378**

Amount of Each Disbursement this Period

562.50
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City State Zip Code  
West Palm Beach FL 33411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : D357878**

Amount of Each Disbursement this Period

539.25
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Maria Acevedo**

Mailing Address 2121 SW 2 Street Apt 7

City State Zip Code  
Miami FL 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : D336488**

Amount of Each Disbursement this Period

532.50
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Marisol Marquez**

Mailing Address 304 E Chelsea Street

City Tampa State FL Zip Code 33603

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336498**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336518**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336568**

Amount of Each Disbursement this Period

307.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336439**

Amount of Each Disbursement this Period

1200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City Coconut Creek State FL Zip Code 33066

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336449**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ywana Allen**

Mailing Address 12311 Kesington Lake Dr 1405

City Jacksonville State FL Zip Code 32246

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D336579**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Item. of IE for salary & other canvass-related expenses rep. on Sched. E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	23	/	2012

Transaction ID : D334990

Amount of Each Disbursement this Period

31433.57
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

Transaction ID : D336320

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	13	/	2012

Transaction ID : D331030

Amount of Each Disbursement this Period

188.46
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City Coconut Creek State FL Zip Code 33066

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

Transaction ID : **D336450**

Amount of Each Disbursement this Period

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ywana Allen**

Mailing Address 12311 Kesington Lake Dr 1405

City Jacksonville State FL Zip Code 32246

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

Transaction ID : **D336580**

Amount of Each Disbursement this Period

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City Port St. Lucie State FL Zip Code 34983

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

Transaction ID : **D336331**

Amount of Each Disbursement this Period

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Eric Pagan**

Mailing Address 290 Augustine Ct.

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

**Transaction ID : D336391**

Amount of Each Disbursement this Period

3	6	7	.	5	0
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

**Transaction ID : D331031**

Amount of Each Disbursement this Period

4	5	5	.	4	0
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Keanna Hall**

Mailing Address 10862 Natalie Dr

City Jacksonville State FL Zip Code 32218

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

**Transaction ID : D336461**

Amount of Each Disbursement this Period

4	7	2	.	5	0
---	---	---	---	---	---

**[MEMO ITEM]**

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

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

0	0	0
---	---	---

0	0	0
---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : D336411

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

Transaction ID : D331032

Amount of Each Disbursement this Period

428.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : D336363

Amount of Each Disbursement this Period

562.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : D336383**

Amount of Each Disbursement this Period

562.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Tracey**

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : D336443**

Amount of Each Disbursement this Period

547.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Joseph Jay**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : D336453**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

### A. Audeliz Sanchez

Mailing Address 3104 Orchard Place

City Kissimee State FL Zip Code 34743

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

Transaction ID : D336344

Amount of Each Disbursement this Period

5	6	2	.	5	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. Estefania Galvis

Mailing Address 10811 N Mc Kinley Dr.

City Tampa State FL Zip Code 33612

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

Transaction ID : D336394

Amount of Each Disbursement this Period

5	7	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. Gabriela Ortega

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

Transaction ID : D336404

Amount of Each Disbursement this Period

5	6	2	.	5	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0	.	0	0
---	---	---	---	---	---

5	6	2	.	5	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Keith Gage**

Mailing Address P.O. Box 570762

City Orlando State FL Zip Code 32857

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

**Transaction ID : D336464**

Amount of Each Disbursement this Period

172.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ophelia Somers**

Mailing Address 2233 Adams Street Apt B

City Hollywood State FL Zip Code 33020

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

**Transaction ID : D336514**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Tommy Rodgers**

Mailing Address 1722 Basset Rd

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

**Transaction ID : D336564**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

**Transaction ID : D336335**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Johann Joseph**

Mailing Address 2131 NE Miami Gardens Drive

City North Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

**Transaction ID : D336435**

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Marilyn Carter**

Mailing Address 1320 W 11 St

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

**Transaction ID : D336495**

Amount of Each Disbursement this Period

165.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)  
**A. Mirlene Val**

Date of Disbursement  
MM / DD / YYYY  
08 / 17 / 2012

Mailing Address 1210 NE 113 Terrace #3

City Miami State FL Zip Code 33161

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **D336505**

Amount of Each Disbursement this Period  
800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Yettie Thompkins**

Date of Disbursement  
MM / DD / YYYY  
08 / 17 / 2012

Mailing Address 414 Lincoln Rd.

City Cocoa State FL Zip Code 32926

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **D336575**

Amount of Each Disbursement this Period  
547.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. Anne Chernin**

Date of Disbursement  
MM / DD / YYYY  
08 / 17 / 2012

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **D336326**

Amount of Each Disbursement this Period  
950.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City State Zip Code  
Austin TX 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

07 / 13 / 2012

**Transaction ID : D331026**

Amount of Each Disbursement this Period

135.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City State Zip Code  
Tampa FL 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

08 / 17 / 2012

**Transaction ID : D336416**

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Rochelle Jackson**

Mailing Address PO Box 380265

City State Zip Code  
Miami FL 33238

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

08 / 17 / 2012

**Transaction ID : D336536**

Amount of Each Disbursement this Period

555.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2012

Transaction ID : D335037

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : D336447

Amount of Each Disbursement this Period

562.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Keren Frederick**

Mailing Address 1341 NE 143 Street

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : D336467

Amount of Each Disbursement this Period

585.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

Transaction ID : D336527

Amount of Each Disbursement this Period

562.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

Transaction ID : D336567

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D331027

Amount of Each Disbursement this Period

855.57

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Linda Echeverria**

Mailing Address 11305 Spining Reel

City Orlando State FL Zip Code 32852

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

Transaction ID : D336477

Amount of Each Disbursement this Period

562.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address 8330 Biscayne Blvd., Ste. 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

Transaction ID : D335038

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2012

Transaction ID : D336348

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Darlene Marshall**

Mailing Address 6175 Checkmate Ln

City Jacksonville State FL Zip Code 32244

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : D336368**

Amount of Each Disbursement this Period

550.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D331028**

Amount of Each Disbursement this Period

805.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : D336438**

Amount of Each Disbursement this Period

1200.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Juan Rodriguez**

Mailing Address 3415 W Hillsborough Ave #726

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

**Transaction ID : D336458**

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

**Transaction ID : D336309**

Amount of Each Disbursement this Period

554.25
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Arthur Smith**

Mailing Address 9 Iverness Rd.

City Scardale State NY Zip Code 10583

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

**Transaction ID : D336339**

Amount of Each Disbursement this Period

570.00
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Diego Guerra**

Mailing Address 3408 W Reynolds St.

City State Zip Code  
Plant City FL 33563

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 17 / 2012

**Transaction ID : D336379**

Amount of Each Disbursement this Period

555.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City State Zip Code  
Austin TX 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 13 / 2012

**Transaction ID : D331029**

Amount of Each Disbursement this Period

200.11

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Harold Pendas**

Mailing Address 1222 NW 58 ST

City State Zip Code  
Miami FL 33142

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 17 / 2012

**Transaction ID : D336419**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Maria Acevedo**

Mailing Address 2121 SW 2 Street Apt 7

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

Transaction ID : D336489

Amount of Each Disbursement this Period

570.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

Transaction ID : D336519

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Rossana Torres**

Mailing Address 8820 Fontainebleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

Transaction ID : D336539

Amount of Each Disbursement this Period

570.00
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Shakera Bailey**

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

Transaction ID : D336549

Amount of Each Disbursement this Period

800.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Marisol Marquez**

Mailing Address 304 E Chelsea Street

City Tampa State FL Zip Code 33603

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

Transaction ID : D336499

Amount of Each Disbursement this Period

800.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Item. of IE for salary & other canvass-related expenses rep. on Sched. E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	30	/	2012

Transaction ID : D334993

Amount of Each Disbursement this Period

42426.79
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Arthur Smith**

Mailing Address 9 Iverness Rd.

City Scardale State NY Zip Code 10583

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : D336340**

Amount of Each Disbursement this Period

540.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Cameron Starkes**

Mailing Address 3919 Robert C Weaver Drive

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : D336350**

Amount of Each Disbursement this Period

405.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Guerra**

Mailing Address 3408 W Reynolds St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : D336380**

Amount of Each Disbursement this Period

517.50
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Eric Pagan**

Mailing Address 290 Augustine Ct.

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336390**

Amount of Each Disbursement this Period

600.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336410**

Amount of Each Disbursement this Period

800.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Kathy Dent**

Mailing Address 1834 SE Aneci Street

City Port Saint Lucie State FL Zip Code 34983

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336460**

Amount of Each Disbursement this Period

240.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lawrence Cuervo**

Mailing Address 15705 Miami Lakeway N

City State Zip Code  
Miami Lakes FL 33014

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : D336470**

Amount of Each Disbursement this Period

240.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Maria Acevedo**

Mailing Address 2121 SW 2 Street Apt 7

City State Zip Code  
Miami FL 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : D336490**

Amount of Each Disbursement this Period

510.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Marisol Marquez**

Mailing Address 304 E Chelsea Street

City State Zip Code  
Tampa FL 33603

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : D336500**

Amount of Each Disbursement this Period

800.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336520

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Corey Willborn**

Mailing Address 421 W Church Street Apt 716

City Jacksonville State FL Zip Code 32202

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336360

Amount of Each Disbursement this Period

547.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Reimbursement for Car

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D330791

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336321

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City Coconut Creek State FL Zip Code 33066

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336451

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Maria Zavala**

Mailing Address 12641 Sw 35 Street

City Miami State FL Zip Code 33175

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336491

Amount of Each Disbursement this Period

240.00

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Marta Marcano**

Mailing Address 420 E Galvez Lane Apt 206

City State Zip Code  
Ponte Vedra FL 32081

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336501**

Amount of Each Disbursement this Period

397.50
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ywana Allen**

Mailing Address 12311 Kesington Lake Dr 1405

City State Zip Code  
Jacksonville FL 32246

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336581**

Amount of Each Disbursement this Period

800.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City State Zip Code  
Delray Beach FL 33445

Purpose of Disbursement  
Reimbursement for Health Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2012

**Transaction ID : D330792**

Amount of Each Disbursement this Period

400.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City State Zip Code  
Port St. Lucie FL 34983

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336332**

Amount of Each Disbursement this Period

800.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Frankisha Walker**

Mailing Address 3414 34th Way

City State Zip Code  
West Palm Beach FL 33407

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336402**

Amount of Each Disbursement this Period

240.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Joseph Jay**

Mailing Address 1714 E Mulberry Drive

City State Zip Code  
Tampa FL 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336452**

Amount of Each Disbursement this Period

800.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Louikens Toussaint**

Mailing Address 429 NW 84 Terrace

City Miami State FL Zip Code 33150

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : D336482

Amount of Each Disbursement this Period

240.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Marie Camy**

Mailing Address 2131 NE Miami Gardens Drive

City North Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : D336492

Amount of Each Disbursement this Period

240.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Keanna Hall**

Mailing Address 10862 Natalie Dr

City Jacksonville State FL Zip Code 32218

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : D336462

Amount of Each Disbursement this Period

600.00
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Velma Rounsville**

Mailing Address 3238 Sedona Trail

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336572

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Carol Brown**

Mailing Address 3909 LaSalle Street

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336353

Amount of Each Disbursement this Period

240.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331033

Amount of Each Disbursement this Period

138.05

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336403**

Amount of Each Disbursement this Period

592.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Lubby Arguello**

Mailing Address 1567 SW 4 Street Apt 10

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336483**

Amount of Each Disbursement this Period

240.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Marie Fleurime**

Mailing Address 51 NE 128 Street

City North Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336493**

Amount of Each Disbursement this Period

240.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Richardson**

Mailing Address 2352 Z Terrace

City State Zip Code  
Riviera Beach FL 33404

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D336533**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Sandy Hector**

Mailing Address 4330 Village Drive #B

City State Zip Code  
Delray FL 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D336543**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ventoure Watkins**

Mailing Address 414 Fairbanks Drive

City State Zip Code  
Tallahassee FL 32304

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D336573**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Reimbursement for Telephone Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2012

**Transaction ID : D330793**

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Alissah Depiro**

Mailing Address 3721 Mission Court

City Largo State FL Zip Code 33771

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336314**

Amount of Each Disbursement this Period

240.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Cartine Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336354**

Amount of Each Disbursement this Period

375.00
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[MEMO ITEM]

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

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

0.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

### A. Damon Taylor

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336364

Amount of Each Disbursement this Period

592.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. Diego Renteria

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336384

Amount of Each Disbursement this Period

592.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. John Tracey

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

Transaction ID : D336444

Amount of Each Disbursement this Period

487.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Marilyn Carter**

Mailing Address 1320 W 11 St

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336494**

Amount of Each Disbursement this Period

600.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Stephen Radcliff**

Mailing Address 6753 Ralston Beach Circle

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336554**

Amount of Each Disbursement this Period

240.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Yettie Thompkins**

Mailing Address 414 Lincoln Rd.

City Cocoa State FL Zip Code 32926

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336574**

Amount of Each Disbursement this Period

540.00
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : D331034

Amount of Each Disbursement this Period

806.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Dionne Allen**

Mailing Address 12303 Bohannon Blvd

City Orlando State FL Zip Code 32824

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2012

Transaction ID : D336385

Amount of Each Disbursement this Period

240.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Estefania Galvis**

Mailing Address 10811 N Mc Kinley Dr.

City Tampa State FL Zip Code 33612

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2012

Transaction ID : D336395

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : D331035**

Amount of Each Disbursement this Period

808.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Walgreens**

Mailing Address 9020 Biscayne Blvd.

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2012

**Transaction ID : D338895**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ophelia Somers**

Mailing Address 2233 Adams Street Apt B

City Hollywood State FL Zip Code 33020

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2012

**Transaction ID : D336515**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Tony Patterson**

Mailing Address 1638 Bresee Road

City State Zip Code  
West Palm Beach FL 33415

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D336565**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City State Zip Code  
Kissimmee FL 34743

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D336345**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Brushwood**

Mailing Address 5308 Glasgow Ave

City State Zip Code  
Orlando FL 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D330966**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336336**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Devin Coleman**

Mailing Address 736 Odessa Street

City Jacksonville State FL Zip Code 32206

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336376**

Amount of Each Disbursement this Period

165.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D331036**

Amount of Each Disbursement this Period

188.52

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Johann Joseph**

Mailing Address 2131 NE Miami Gardens Drive

City North Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336436**

Amount of Each Disbursement this Period

525.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Orlando Reyes**

Mailing Address 5807 Ricker Road

City Jacksonville State FL Zip Code 32244

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336516**

Amount of Each Disbursement this Period

600.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336566**

Amount of Each Disbursement this Period

465.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Mirlene Val**

Mailing Address 1210 NE 113 Terrace #3

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336506**

Amount of Each Disbursement this Period

800.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Adil McCoy**

Mailing Address 530 Fallen Timbers

City Orange Park State FL Zip Code 32073

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336307**

Amount of Each Disbursement this Period

165.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336327**

Amount of Each Disbursement this Period

4275.00
---------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Reimbursement for Car

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2012

Transaction ID : D330967

Amount of Each Disbursement this Period

200.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Antrenic Williams**

Mailing Address 3070 Malcolm Drive

City Deltona State FL Zip Code 32738

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : D336337

Amount of Each Disbursement this Period

600.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ellis White**

Mailing Address 5571 Longspur Ave

City Jacksonville State FL Zip Code 32219

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : D336387

Amount of Each Disbursement this Period

405.00
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : D331037**

Amount of Each Disbursement this Period

189.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2012

**Transaction ID : D336417**

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2012

**Transaction ID : D336437**

Amount of Each Disbursement this Period

1200.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Rochelle Jackson**

Mailing Address PO Box 380265

City Miami State FL Zip Code 33238

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336537**

Amount of Each Disbursement this Period

487.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Reimbursement for Food Purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D330917**

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Reimbursement for Food Purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D330918**

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City State Zip Code  
West Palm Beach FL 33411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : D336308**

Amount of Each Disbursement this Period

600.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Brushwood**

Mailing Address 5308 Glasgow Ave

City State Zip Code  
Orlando FL 32819

Purpose of Disbursement  
Reimbursement for Health Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2012

**Transaction ID : D330968**

Amount of Each Disbursement this Period

400.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City State Zip Code  
Austin TX 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2012

**Transaction ID : D331038**

Amount of Each Disbursement this Period

429.06
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Keren Frederick**

Mailing Address 1341 NE 143 Street

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336468**

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Linda Echeverria**

Mailing Address 11305 Spining Reel

City Orlando State FL Zip Code 32852

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336478**

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Rossana Torres**

Mailing Address 8820 Fontainebleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336538**

Amount of Each Disbursement this Period

510.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Shakera Bailey**

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336548**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Harold Pendas**

Mailing Address 1222 NW 58 ST

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336418**

Amount of Each Disbursement this Period

510.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D336528**

Amount of Each Disbursement this Period

472.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Reimbursement for Phone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2012

Transaction ID : D330969

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : D336349

Amount of Each Disbursement this Period

800.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Darlene Marshall**

Mailing Address 6175 Checkmate Ln

City Jacksonville State FL Zip Code 32244

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : D336369

Amount of Each Disbursement this Period

550.00
--------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2012

**Transaction ID : D331039**

Amount of Each Disbursement this Period

430.43
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Juan Rodriguez**

Mailing Address 3415 W Hillsborough Ave #726

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : D336459**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Item. of IE for salary & other canvass-related expenses rep. on Sched. E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2012

**Transaction ID : D334994**

Amount of Each Disbursement this Period

100585.90
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**[MEMO ITEM]**

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D330930

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City Coconut Creek State FL Zip Code 33066

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D330980

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Juan Rodriguez**

Mailing Address 3415 W Hillsborough Ave #726

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D330990

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Louis Henry**

Mailing Address 1339 Summit Run Circle

City West Palm Beach State FL Zip Code 33415

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331000**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Mirlene Val**

Mailing Address 1210 NE 113 Terrace #3

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331010**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D331040**

Amount of Each Disbursement this Period

142.95

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Rochelle Jackson**

Mailing Address PO Box 380265

City Miami State FL Zip Code 33238

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331060**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Rossana Torres**

Mailing Address 8820 Fontainebleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331070**

Amount of Each Disbursement this Period

450.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D331120**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City Kissimee State FL Zip Code 34743

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331130**

Amount of Each Disbursement this Period

517.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331140**

Amount of Each Disbursement this Period

562.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331100**

Amount of Each Disbursement this Period

510.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

Transaction ID : D330911

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Reimbursement for Car

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : D330971

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Maria Acevedo**

Mailing Address 2121 SW 2 Street Apt 7

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

Transaction ID : D331001

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Mirlene Val**

Mailing Address 1210 NE 113 Terrace #3

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331011

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ophelia Somers**

Mailing Address 2233 Adams Street Apt B

City Hollywood State FL Zip Code 33020

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331021

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D331041

Amount of Each Disbursement this Period

793.56

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Rochelle Jackson**

Mailing Address PO Box 380265

City Miami State FL Zip Code 33238

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331061

Amount of Each Disbursement this Period

532.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Vinson Marsh**

Mailing Address 632 NE 85 Street Apt 12

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331091

Amount of Each Disbursement this Period

450.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Estefania Galvis**

Mailing Address 10811 N Mc Kinley Dr.

City Tampa State FL Zip Code 33612

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D331101

Amount of Each Disbursement this Period

390.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

07 / 13 / 2012

Transaction ID : D331111

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

07 / 13 / 2012

Transaction ID : D331131

Amount of Each Disbursement this Period

495.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

07 / 20 / 2012

Transaction ID : D331141

Amount of Each Disbursement this Period

592.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Sarah Halper**

Mailing Address 709 S D Street

City State Zip Code  
Lake Worth FL 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 13 / 2012

**Transaction ID : D331071**

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City State Zip Code  
Port St. Lucie FL 34983

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 20 / 2012

**Transaction ID : D330922**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Damon Taylor**

Mailing Address 10 Eaton Street

City State Zip Code  
Eatonville FL 32751

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 13 / 2012

**Transaction ID : D330942**

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

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

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D330952

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Reimbursement for Health Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330972

Amount of Each Disbursement this Period

400.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jorge Lopez**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D330982

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Juan Rodriguez**

Mailing Address 3415 W Hillsborough Ave #726

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D330992**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Maria Acevedo**

Mailing Address 2121 SW 2 Street Apt 7

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D331002**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D331022**

Amount of Each Disbursement this Period

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Sarah Halper**

Mailing Address 709 S D Street

City Lake Worth State FL Zip Code 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D331072**

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Target**

Mailing Address 3401 N Miami Ave  
Ste 100

City Miami State FL Zip Code 33127-3527

Purpose of Disbursement  
Food and Beverage for Campaign Staff

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331082**

Amount of Each Disbursement this Period

1212.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Estefania Galvis**

Mailing Address 10811 N Mc Kinley Dr.

City Tampa State FL Zip Code 33612

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D331102**

Amount of Each Disbursement this Period

360.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331112

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331132

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

Transaction ID : D336522

Amount of Each Disbursement this Period

948.23

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : D330932**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D331042**

Amount of Each Disbursement this Period

796.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : D331122**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D330943**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D330953**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Reimbursement for Phone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D330973**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Mirlene Val**

Mailing Address 1210 NE 113 Terrace #3

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : D331013**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : D331023**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D331043**

Amount of Each Disbursement this Period

185.59

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Rochelle Jackson**

Mailing Address PO Box 380265

City Miami State FL Zip Code 33238

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : D331063**

Amount of Each Disbursement this Period

450.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Target**

Mailing Address 3401 N Miami Ave  
Ste 100

City Miami State FL Zip Code 33127-3527

Purpose of Disbursement  
Food and Beverage for Campaign Staff

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D331083**

Amount of Each Disbursement this Period

820.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Velma Rounville**

Mailing Address 3238 Sedona Trail

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D331123**

Amount of Each Disbursement this Period

255.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : D331143**

Amount of Each Disbursement this Period

285.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2012

**Transaction ID : D336523**

Amount of Each Disbursement this Period

954.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jorge Lopez**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : D330983**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331093**

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D330924**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D330974**

Amount of Each Disbursement this Period

1200.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jorge Lopez**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D330984**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Keren Frederick**

Mailing Address 1341 NE 143 Street

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D330994**

Amount of Each Disbursement this Period

480.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Maria Acevedo**

Mailing Address 2121 SW 2 Street Apt 7

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331004**

Amount of Each Disbursement this Period

360.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3636 Executive Center Drive #100

City State Zip Code  
Austin TX 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D331044**

Amount of Each Disbursement this Period

186.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Rodrigo Hidalgo**

Mailing Address 1225 16 Ave South

City State Zip Code  
Lake Worth FL 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D331064**

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Sarah Halper**

Mailing Address 709 S D Street

City State Zip Code  
Lake Worth FL 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : D331074**

Amount of Each Disbursement this Period

510.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331094

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Estefania Galvis**

Mailing Address 10811 N Mc Kinley Dr.

City Tampa State FL Zip Code 33612

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331104

Amount of Each Disbursement this Period

480.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331114

Amount of Each Disbursement this Period

465.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Velma Rounsville**

Mailing Address 3238 Sedona Trail

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331124

Amount of Each Disbursement this Period

311.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331134

Amount of Each Disbursement this Period

292.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gonzalo Valdes**

Mailing Address 8003 N Rome Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2012

Transaction ID : D331144

Amount of Each Disbursement this Period

251.68

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2012

**Transaction ID : D330745**

Amount of Each Disbursement this Period

1038.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Reimbursement for Car

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D330795**

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D330925**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D330945

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D330955

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D330965

Amount of Each Disbursement this Period

1200.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D330975**

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Joseph Jay**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D330985**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Keren Frederick**

Mailing Address 1341 NE 143 Street

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : D330995**

Amount of Each Disbursement this Period

528.75

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331025

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D331045

Amount of Each Disbursement this Period

421.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Rodrigo Hidalgo**

Mailing Address 1225 16 Ave South

City Lake Worth State FL Zip Code 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331065

Amount of Each Disbursement this Period

435.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Shakera Bailey**

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331075**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Diego Guerra**

Mailing Address 3408 W Reynolds St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331105**

Amount of Each Disbursement this Period

547.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Marisol Marquez**

Mailing Address 304 E Chelsea Street

City Tampa State FL Zip Code 33603

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331005**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Harold Pendas**

Mailing Address 1222 NW 58 ST

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331115**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Reimbursement for Telephone Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D330796**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Joseph Jay**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D330986**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Marisol Marquez**

Mailing Address 304 E Chelsea Street

City Tampa State FL Zip Code 33603

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2012

Transaction ID : D331006

Amount of Each Disbursement this Period

800.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Transaction ID : D331046

Amount of Each Disbursement this Period

423.16
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Rodrigo Hidalgo**

Mailing Address 1225 16 Ave South

City Lake Worth State FL Zip Code 33460

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2012

Transaction ID : D331066

Amount of Each Disbursement this Period

510.00
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Shakera Bailey**

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D331076**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331096**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Guerra**

Mailing Address 3408 W Reynolds St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D331106**

Amount of Each Disbursement this Period

510.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Harold Pendas**

Mailing Address 1222 NW 58 ST

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331116

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Velma Rounsville**

Mailing Address 3238 Sedona Trail

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331126

Amount of Each Disbursement this Period

262.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. John Tracey**

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D331136

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D330976**

Amount of Each Disbursement this Period

390.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : D330797**

Amount of Each Disbursement this Period

706.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D330927**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Keren Frederick**

Mailing Address 1341 NE 143 Street

City Miami State FL Zip Code 33161

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D330997

Amount of Each Disbursement this Period

450.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Rossana Torres**

Mailing Address 8820 Fontainbleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D331067

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D331097

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City Kissimee State FL Zip Code 34743

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D331127

Amount of Each Disbursement this Period

555.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Tracey**

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331137

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D330798

Amount of Each Disbursement this Period

950.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D330908

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D330978

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Joseph Jay**

Mailing Address 1714 E Mulberry Drive

City Tampa State FL Zip Code 33604

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D330988

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Marisol Marquez**

Mailing Address 304 E Chelsea Street

City Tampa State FL Zip Code 33603

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : D331008**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ophelia Somers**

Mailing Address 2233 Adams Street Apt B

City Hollywood State FL Zip Code 33020

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D331018**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Rossana Torres**

Mailing Address 8820 Fontainebleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : D331068**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Vinson Marsh**

Mailing Address 632 NE 85 Street Apt 12

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D331088

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331098

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Guerra**

Mailing Address 3408 W Reynolds St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D331108

Amount of Each Disbursement this Period

405.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Harold Pendas**

Mailing Address 1222 NW 58 ST

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331118**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City Kissimmee State FL Zip Code 34743

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D331128**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Louis Henry**

Mailing Address 1339 Summit Run Circle

City West Palm Beach State FL Zip Code 33415

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D330998**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Shakera Bailey**

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331078**

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D330789**

Amount of Each Disbursement this Period

950.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D330909**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)  
**A. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : **D330929**

Amount of Each Disbursement this Period: 800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Jesus Izquierdo**

Mailing Address 12691 NW 9 Way

City Miami State FL Zip Code 33182

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : **D330959**

Amount of Each Disbursement this Period: 405.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City Coconut Creek State FL Zip Code 33066

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : **D330979**

Amount of Each Disbursement this Period: 1600.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Juan Rodriguez**

Mailing Address 3415 W Hillsborough Ave #726

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	13	/	2012

**Transaction ID : D330989**

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Louis Henry**

Mailing Address 1339 Summit Run Circle

City West Palm Beach State FL Zip Code 33415

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2012

**Transaction ID : D330999**

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ophelia Somers**

Mailing Address 2233 Adams Street Apt B

City Hollywood State FL Zip Code 33020

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2012

**Transaction ID : D331019**

Amount of Each Disbursement this Period

800.00
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Vinson Marsh**

Mailing Address 632 NE 85 Street Apt 12

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331089

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Johann Joseph**

Mailing Address 2131 NE Miami Gardens Drive

City North Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : D331109

Amount of Each Disbursement this Period

528.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D331119

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. John Tracey**

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : D331139**

Amount of Each Disbursement this Period

510.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Angela Nixon**

Mailing Address 3954 Victoria Landing Drive N

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Reimb. - Office Equipment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335118**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**C. Annie Rodriguez**

Mailing Address 7925 Merrill Road Apt 2807

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement  
Reimb - Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

**Transaction ID : D335121**

Amount of Each Disbursement this Period

45.17

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

205.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

Transaction ID : D338123

Amount of Each Disbursement this Period

45.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Reimb. - Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2012

Transaction ID : D335123

Amount of Each Disbursement this Period

18.73

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2012

Transaction ID : D338130

Amount of Each Disbursement this Period

18.73

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

18.73



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Reimb. - Office Equipment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : D335127**

Amount of Each Disbursement this Period

39.93

Full Name (Last, First, Middle Initial)

**B. John Brushwood**

Mailing Address 5308 Glasgow Ave

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Reimb. - Event Sponsorship

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335179**

Amount of Each Disbursement this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Reimb. - Travel, Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : D335287**

Amount of Each Disbursement this Period

110.31

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

325.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Maria Zavala**

Mailing Address 12641 Sw 35 Street

City Miami State FL Zip Code 33175

Purpose of Disbursement  
Reimbursement - Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2012

**Transaction ID : D335292**

Amount of Each Disbursement this Period

155.98
--------

Full Name (Last, First, Middle Initial)

**B. Oscar Balladares**

Mailing Address 4231 NW 11 PL

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Reimb. - Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2012

**Transaction ID : D335299**

Amount of Each Disbursement this Period

260.28
--------

Full Name (Last, First, Middle Initial)

**C. Blue Sky Marketplce**

Mailing Address 1250 Normandy Drive

City Miami Beach State FL Zip Code 33141

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2012

**Transaction ID : D338148**

Amount of Each Disbursement this Period

260.28
--------

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

416.26
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Troy Squire**

Mailing Address 1356 W 32 Street

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Reimbursement - Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D335316**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D338150**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

**Transaction ID : D338149**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

40.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Angela Given**

Mailing Address 1111 E. Atlantic Ave

City Delray Beach State FL Zip Code 33483

Purpose of Disbursement  
Reimb. - Food/Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : D336815**

Amount of Each Disbursement this Period

268.98
--------

Full Name (Last, First, Middle Initial)

**B. Costco Wholesale**

Mailing Address 14585 Biscayne Blvd

City North Miami State FL Zip Code 33181

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : D338120**

Amount of Each Disbursement this Period

268.98
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Reimb. - Travel, Food/Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2012

**Transaction ID : D336829**

Amount of Each Disbursement this Period

259.18
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

528.16
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Publix**

Mailing Address 9050 Biscayne Blvd

City State Zip Code  
Miami Shores FL 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D338124**

Amount of Each Disbursement this Period

21.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Publix**

Mailing Address 9050 Biscayne Blvd

City State Zip Code  
Miami Shores FL 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D338125**

Amount of Each Disbursement this Period

4.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Chevron**

Mailing Address 700 NW 57th Ave

City State Zip Code  
Miami FL 33126-2002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D338127**

Amount of Each Disbursement this Period

45.84

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D338128**

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : D338129**

Amount of Each Disbursement this Period

28.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Reimb. - Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D336830**

Amount of Each Disbursement this Period

256.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

256.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Cameron Starkes**

Mailing Address 3919 Robert C Weaver Drive

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Reimbursement - Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D336842**

Amount of Each Disbursement this Period

15.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Darlene Marshall**

Mailing Address 6175 Checkmate Ln

City Jacksonville State FL Zip Code 32244

Purpose of Disbursement  
Reimbursement - Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D336882**

Amount of Each Disbursement this Period

8.37

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Ellis White**

Mailing Address 5571 Longspur Ave

City Jacksonville State FL Zip Code 32219

Purpose of Disbursement  
Reimbursement - Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D337337**

Amount of Each Disbursement this Period

13.01

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

36.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Keanna Hall**

Mailing Address 10862 Natalie Dr

City Jacksonville State FL Zip Code 32218

Purpose of Disbursement  
Reimb. - Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D337462**

Amount of Each Disbursement this Period

12.62

Full Name (Last, First, Middle Initial)

**B. Marilyn Carter**

Mailing Address 1320 W 11 St

City Jacksonville State FL Zip Code 32209

Purpose of Disbursement  
Reimb. - Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D337516**

Amount of Each Disbursement this Period

10.93

Full Name (Last, First, Middle Initial)

**C. Domino's Pizza**

Mailing Address 5045 Soutel Dr

City Jacksonville State FL Zip Code 32208-1898

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D338146**

Amount of Each Disbursement this Period

37.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

23.55



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Orlando Reyes**

Mailing Address 5807 Ricker Road

City Jacksonville State FL Zip Code 32244

Purpose of Disbursement  
Reimb. - Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : D337541**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Check Cashing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : D338460**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Florida New Majority**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Reimbursement for Canvass Expenses & Program Costs

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D338927**

Amount of Each Disbursement this Period

142878.10

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

142913.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

Transaction ID : D335040

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2012

Transaction ID : D330750

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D330760

Amount of Each Disbursement this Period

17.69

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

07 / 23 / 2012

Transaction ID : D330770

Amount of Each Disbursement this Period

19.76

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

07 / 29 / 2012

Transaction ID : D330780

Amount of Each Disbursement this Period

25.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City State Zip Code  
Delray Beach FL 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

07 / 20 / 2012

Transaction ID : D330790

Amount of Each Disbursement this Period

1600.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Luis**

Mailing Address 4350 SW 13 Ter

City Miami State FL Zip Code 33134

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330810

Amount of Each Disbursement this Period

873.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2012

Transaction ID : D330820

Amount of Each Disbursement this Period

560.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

Transaction ID : D330850

Amount of Each Disbursement this Period

520.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Innovate Consulting, LLC**

Mailing Address 1936 North Crystal Lake Drive

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Grassroots Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : D330860**

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Isaac Carter**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D330870**

Amount of Each Disbursement this Period

1346.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City State Zip Code  
Miami FL 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : D330900**

Amount of Each Disbursement this Period

867.98

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gihan Perera**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D330950

Amount of Each Disbursement this Period

501.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2012

Transaction ID : D330960

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Stepping Stones Consulting LLC**

Mailing Address 3022 Cormorant Road

City Delray Beach State FL Zip Code 33444

Purpose of Disbursement  
Organizational Development Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2012

Transaction ID : D331080

Amount of Each Disbursement this Period

3225.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : D357950**

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : D330751**

Amount of Each Disbursement this Period

3960.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

**Transaction ID : D330761**

Amount of Each Disbursement this Period

17.63

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2012

**Transaction ID : D330781**

Amount of Each Disbursement this Period

33.71

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Mone Holder**

Mailing Address 14040 Biscayne Blvd  
Apt 409

City State Zip Code  
North Miami Beach FL 33181

Purpose of Disbursement  
Operating Cash for Event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : D330811**

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City State Zip Code  
Miami FL 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D330821**

Amount of Each Disbursement this Period

1360.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2012

Transaction ID : D330851

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Innovate Consulting, LLC**

Mailing Address 1936 North Crystal Lake Drive

City Lakeland State FL Zip Code 33801

Purpose of Disbursement  
Grassroots Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2012

Transaction ID : D330861

Amount of Each Disbursement this Period

360.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2012

Transaction ID : D330901

Amount of Each Disbursement this Period

867.98

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. CVS Pharmacy**

Mailing Address 227 SW 8th St

City Miami State FL Zip Code 33130-3529

Purpose of Disbursement  
Pre-Paid Debit Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2012

Transaction ID : D330941

Amount of Each Disbursement this Period

1011.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gihan Perera**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : D330951

Amount of Each Disbursement this Period

1673.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Stepping Stones Consulting LLC**

Mailing Address 3022 Cormorant Road

City Delray Beach State FL Zip Code 33444

Purpose of Disbursement  
Organizational Development Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : D331081

Amount of Each Disbursement this Period

960.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2012

**Transaction ID : D330771**

Amount of Each Disbursement this Period

19.76
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Meyer, Brooks, Demma & Blohm P.A.**

Mailing Address P.O. Box 1547

City State Zip Code  
Tallahassee FL 32302

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : D330752**

Amount of Each Disbursement this Period

412.50
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2012

**Transaction ID : D330762**

Amount of Each Disbursement this Period

17.63
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**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D330772

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D330782

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Serena Ellis**

Mailing Address 14751 NE 9 Avenue

City State Zip Code  
Miami Beach FL 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D330812

Amount of Each Disbursement this Period

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2012

Transaction ID : D330852

Amount of Each Disbursement this Period

480.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2012

Transaction ID : D330902

Amount of Each Disbursement this Period

944.60
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Angela Nixon**

Mailing Address 3954 Victoria Landing Drive N

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2012

Transaction ID : D330912

Amount of Each Disbursement this Period

915.14
--------

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

Transaction ID : D330962

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2012

Transaction ID : D330742

Amount of Each Disbursement this Period

1038.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

Transaction ID : D330822

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2012

Transaction ID : D330743

Amount of Each Disbursement this Period

1038.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Evans & Katz LLC**

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2012

Transaction ID : D330753

Amount of Each Disbursement this Period

3500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : D330763

Amount of Each Disbursement this Period

17.58

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 23 / 2012

**Transaction ID : D330773**

Amount of Each Disbursement this Period

20.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 08 / 2012

**Transaction ID : D330783**

Amount of Each Disbursement this Period

29.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address P.O. Box 36647-1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 16 / 2012

**Transaction ID : D330803**

Amount of Each Disbursement this Period

249.60

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Serena Ellis**

Mailing Address 14751 NE 9 Avenue

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D330813**

Amount of Each Disbursement this Period

1846.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : D330853**

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Publix**

Mailing Address 7653 S Orange Blossom Trl

City Orlando State FL Zip Code 32809

Purpose of Disbursement  
Food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2012

**Transaction ID : D330863**

Amount of Each Disbursement this Period

72.29

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Angela Nixon**

Mailing Address 3954 Victoria Landing Drive N

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : D330913

Amount of Each Disbursement this Period

1694.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JMCA Photography & Consulting LLC**

Mailing Address 3224 San Diego Ln

City Dover State FL Zip Code 33527

Purpose of Disbursement  
Photography Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2012

Transaction ID : D330963

Amount of Each Disbursement this Period

800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2012

Transaction ID : D330903

Amount of Each Disbursement this Period

75.96

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

Transaction ID : D330724

Amount of Each Disbursement this Period

1038.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : D330744

Amount of Each Disbursement this Period

1038.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Evans & Katz LLC**

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

Transaction ID : D330754

Amount of Each Disbursement this Period

3500.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

Transaction ID : D330774

Amount of Each Disbursement this Period

33.71

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2012

Transaction ID : D330784

Amount of Each Disbursement this Period

38.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City State Zip Code  
Delray Beach FL 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D330794

Amount of Each Disbursement this Period

1200.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Carlos Sanchez**

Mailing Address 133 NE 2nd Ave #LP08

City Miami State FL Zip Code 33132

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D330814**

Amount of Each Disbursement this Period

134.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Devetria Stratford**

Mailing Address 2404 NW 64 St

City Miami State FL Zip Code 33147

Purpose of Disbursement  
Security Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2012

**Transaction ID : D330854**

Amount of Each Disbursement this Period

315.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gihan Perera**

Mailing Address 8330 Biscayne Blvd.  
Suite 1

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Reimb. - Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2012

**Transaction ID : D330864**

Amount of Each Disbursement this Period

43.97

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2012

**Transaction ID : D330904**

Amount of Each Disbursement this Period

921.11

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Christine McAniff**

Mailing Address 4710-20 Pine Tree Drive  
Apt 46

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : D330934**

Amount of Each Disbursement this Period

1222.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Mone Holder**

Mailing Address 14040 Biscayne Blvd  
Apt 409

City North Miami Beach State FL Zip Code 33181

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D331014**

Amount of Each Disbursement this Period

292.07

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : D330764**

Amount of Each Disbursement this Period

36.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City State Zip Code  
Miami FL 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2012

**Transaction ID : D330844**

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Athena Jones**

Mailing Address 600 Yorktown Avenue

City State Zip Code  
Portsmouth VA 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D330725**

Amount of Each Disbursement this Period

1038.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2012

Transaction ID : D330735

Amount of Each Disbursement this Period

3300.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. David Staples**

Mailing Address 101 W.Wooster Street

City Danbury State CT Zip Code 06810

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : D330755

Amount of Each Disbursement this Period

1275.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2012

Transaction ID : D330765

Amount of Each Disbursement this Period

29.51

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

Transaction ID : D330775

Amount of Each Disbursement this Period

29.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2012

Transaction ID : D330785

Amount of Each Disbursement this Period

25.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Enterprise Rent A Car**

Mailing Address 600 Corporate Park Dr

City State Zip Code  
St. Louis MO 63105

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2012

Transaction ID : D330805

Amount of Each Disbursement this Period

174.29

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jessica Ayala-Palomino**

Mailing Address 8229 SW 107 Ave  
Apt D

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2012

Transaction ID : D330845

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Devetria Stratford**

Mailing Address 2404 NW 64 St

City Miami State FL Zip Code 33147

Purpose of Disbursement  
Security Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2012

Transaction ID : D330855

Amount of Each Disbursement this Period

315.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

Transaction ID : D330905

Amount of Each Disbursement this Period

345.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address 1500 Market St

City Philadelphia State PA Zip Code 19102-2100

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2012

Transaction ID : D330935

Amount of Each Disbursement this Period

138.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Mone Holder**

Mailing Address 14040 Biscayne Blvd  
Apt 409

City North Miami Beach State FL Zip Code 33181

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : D331015

Amount of Each Disbursement this Period

713.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Carlos Sanchez**

Mailing Address 133 NE 2nd Ave #LP08

City Miami State FL Zip Code 33132

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : D330815

Amount of Each Disbursement this Period

615.36

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2012

**Transaction ID : D330736**

Amount of Each Disbursement this Period

41.65
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : D330766**

Amount of Each Disbursement this Period

29.51
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : D330776**

Amount of Each Disbursement this Period

25.48
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2012

**Transaction ID : D330786**

Amount of Each Disbursement this Period

47.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Spirit Airlines**

Mailing Address 2800 Executive Way

City State Zip Code  
Miramar FL 33025

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2012

**Transaction ID : D330806**

Amount of Each Disbursement this Period

155.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Margarita Bernal**

Mailing Address 5524 SW 154 Place

City State Zip Code  
Miami FL 33185

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : D330816**

Amount of Each Disbursement this Period

1137.83

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2012

Transaction ID : D330846

Amount of Each Disbursement this Period

400.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Devetria Stratford**

Mailing Address 2404 NW 64 St

City Miami State FL Zip Code 33147

Purpose of Disbursement  
Security Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

Transaction ID : D330856

Amount of Each Disbursement this Period

315.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. 1Miami, Inc.**

Mailing Address 5725 Corporate Way

City West Palm Beach State FL Zip Code 33407

Purpose of Disbursement  
Reimbursement for Food Purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

Transaction ID : D330896

Amount of Each Disbursement this Period

341.34

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address 1500 Market St

City Philadelphia State PA Zip Code 19102-2100

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D330936**

Amount of Each Disbursement this Period

138.21

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Athena Jones**

Mailing Address 600 Yorktown Avenue

City Portsmouth State VA Zip Code 23704

Purpose of Disbursement  
Administrative Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2012

**Transaction ID : D330737**

Amount of Each Disbursement this Period

2229.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2012

**Transaction ID : D330767**

Amount of Each Disbursement this Period

25.48

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D330777

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gourmet Station**

Mailing Address 7601 Biscayne Blvd

City State Zip Code  
Miami FL 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D330787

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Alisa Cepeda**

Mailing Address 4215 Sheridan Ave  
Unit 4

City State Zip Code  
Miami Beach FL 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : D330807

Amount of Each Disbursement this Period

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)  
**A. Margarita Bernal**

Date of Disbursement: MM / DD / YYYY  
07 / 27 / 2012

Mailing Address 5524 SW 154 Place

City Miami State FL Zip Code 33185

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D330817**

Amount of Each Disbursement this Period: 1740.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Lee Molloy**

Date of Disbursement: MM / DD / YYYY  
07 / 10 / 2012

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement Social Media Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D330847**

Amount of Each Disbursement this Period: 20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. Devetria Stratford**

Date of Disbursement: MM / DD / YYYY  
07 / 06 / 2012

Mailing Address 2404 NW 64 St

City Miami State FL Zip Code 33147

Purpose of Disbursement Security Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **D330857**

Amount of Each Disbursement this Period: 220.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. 4Imprint**

Mailing Address 101 Commerce Street

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement  
Food and Beverage for Campaign Staff

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

Transaction ID : D330897

Amount of Each Disbursement this Period

204.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Amrry Gonzalez**

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2012

Transaction ID : D330907

Amount of Each Disbursement this Period

345.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Comcast**

Mailing Address 1500 Market St

City Philadelphia State PA Zip Code 19102-2100

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2012

Transaction ID : D330937

Amount of Each Disbursement this Period

109.52

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Ray Vincent**

Mailing Address 920 SW 20 Street

City Boca Raton State FL Zip Code 33486

Purpose of Disbursement  
Office Maintenance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2012

Transaction ID : D331057

Amount of Each Disbursement this Period

1300.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Blue Breeze**

Mailing Address 655 NW 118 Street

City Miami State FL Zip Code 33168

Purpose of Disbursement  
Office Air Conditioner

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2012

Transaction ID : D330758

Amount of Each Disbursement this Period

238.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address 1144 West Griffin Road

City Lakeland State FL Zip Code 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2012

Transaction ID : D330768

Amount of Each Disbursement this Period

29.23

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gourmet Station**

Mailing Address 7601 Biscayne Blvd

City Miami State FL Zip Code 33138

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2012

**Transaction ID : D330788**

Amount of Each Disbursement this Period

150.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Alisa Cepeda**

Mailing Address 4215 Sheridan Ave  
Unit 4

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D330808**

Amount of Each Disbursement this Period

1615.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Lori Danley**

Mailing Address 2775 10th Ave #110

City Palm Springs State FL Zip Code 33461

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : D330818**

Amount of Each Disbursement this Period

1080.48

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City Miami Beach State FL Zip Code 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : D330848**

Amount of Each Disbursement this Period

520.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Innovate Consulting, LLC**

Mailing Address 1936 North Crystal Lake Drive

City Lakeland State FL Zip Code 33801

Purpose of Disbursement  
Grassroots Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2012

**Transaction ID : D330858**

Amount of Each Disbursement this Period

270.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Comcast**

Mailing Address 1500 Market St

City Philadelphia State PA Zip Code 19102-2100

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2012

**Transaction ID : D330938**

Amount of Each Disbursement this Period

109.49

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida Consumer Action Network**

Mailing Address 3006 W Kennedy Blvd, Suite B

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Political Strategy Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : D330948**

Amount of Each Disbursement this Period

2200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ray Vincent**

Mailing Address 920 SW 20 Street

City Boca Raton State FL Zip Code 33486

Purpose of Disbursement  
Office Maintenance

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : D331058**

Amount of Each Disbursement this Period

1650.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2012

**Transaction ID : D357948**

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2012

Transaction ID : D330778

Amount of Each Disbursement this Period

29.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City State Zip Code  
Miami FL 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2012

Transaction ID : D335039

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HJ Janitorial Services, Inc.**

Mailing Address 14641 SW 108 Street

City State Zip Code  
Miami FL 33186

Purpose of Disbursement  
Cleaning Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : D330759

Amount of Each Disbursement this Period

787.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2012

Transaction ID : D330769

Amount of Each Disbursement this Period

122.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1144 West Griffin Road

City State Zip Code  
Lakeland FL 33805

Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2012

Transaction ID : D330779

Amount of Each Disbursement this Period

29.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Steve Luis**

Mailing Address 4350 SW 13 Ter

City State Zip Code  
Miami FL 33134

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

Transaction ID : D330809

Amount of Each Disbursement this Period

975.01

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Lori Danley**

Mailing Address 2775 10th Ave #110

City State Zip Code  
Palm Springs FL 33461

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : D330819**

Amount of Each Disbursement this Period

1345.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Lee Molloy**

Mailing Address 1175 NE Miami Gardens Drive  
404 E

City State Zip Code  
Miami Beach FL 33179

Purpose of Disbursement  
Social Media Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : D330849**

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. A.G. Toffie**

Mailing Address 7660 SW 82 Street  
#H111

City State Zip Code  
Miami FL 33143

Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : D330899**

Amount of Each Disbursement this Period

919.03

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Florida Consumer Action Network**

Mailing Address 3006 W Kennedy Blvd, Suite B

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Political Strategy Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	05	/	2012

Transaction ID : D330949

Amount of Each Disbursement this Period

4400.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Miami Workers Center Inc.**

Mailing Address 6127 NW 7th Ave

City Miami State FL Zip Code 33127-1111

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2012

Transaction ID : D331009

Amount of Each Disbursement this Period

2665.85
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Stepping Stones Consulting LLC**

Mailing Address 3022 Cormorant Road

City Delray Beach State FL Zip Code 33444

Purpose of Disbursement  
Organizational Development Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2012

Transaction ID : D331079

Amount of Each Disbursement this Period

3450.00
---------

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : D357949**

Amount of Each Disbursement this Period

29.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Chevron**

Mailing Address 700 NW 57th Ave

City Miami State FL Zip Code 33126-2002

Purpose of Disbursement  
Pre-Paid Gas Cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2012

**Transaction ID : D330749**

Amount of Each Disbursement this Period

3960.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Compudealings**

Mailing Address 2040 NE 163 Street, Ste. 210

City North Miami Beach State FL Zip Code 33162

Purpose of Disbursement  
Campaign Shirts

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : D330939**

Amount of Each Disbursement this Period

3605.90

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Anne Chernin**

Mailing Address 4733 W Atlantic Ave, Suite C-18

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

**Transaction ID : D336328**

Amount of Each Disbursement this Period

306.47
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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590320.64
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Eric Pagan**

Mailing Address 290 Augustine Ct.

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D353620**

Amount of Each Disbursement this Period

23.64

Full Name (Last, First, Middle Initial)

**B. Linda Echeverria**

Mailing Address 11305 Spining Reel

City Orlando State FL Zip Code 32852

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : D353780**

Amount of Each Disbursement this Period

24.19

Full Name (Last, First, Middle Initial)

**C. Sandy Hector**

Mailing Address 4330 Village Drive #B

City Delray State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D353910**

Amount of Each Disbursement this Period

26.54

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

74.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Yettie Thompkins**

Mailing Address 414 Lincoln Rd.

City Cocoa State FL Zip Code 32926

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353950**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D354590**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D354610**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Evon Hammond**

Mailing Address 3137 Floral Way East

City Apopka State FL Zip Code 32703

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D354710**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Charles Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D354730**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D354780**

Amount of Each Disbursement this Period

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Benjamin Pusey**

Mailing Address 4150 Eastgate Ave #7108

City Orlando State FL Zip Code 32839

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D354830**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City Port St. Lucie State FL Zip Code 34983

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D354640**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353340**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Cartine Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353390**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353420**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353430**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Dionne Allen**

Mailing Address 12303 Bohannon Blvd

City Orlando State FL Zip Code 32824

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D353601**

Amount of Each Disbursement this Period

23.12

Full Name (Last, First, Middle Initial)

**B. Eric Pagan**

Mailing Address 290 Augustine Ct.

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D353621**

Amount of Each Disbursement this Period

19.47

Full Name (Last, First, Middle Initial)

**C. Linda Echeverria**

Mailing Address 11305 Spining Reel

City Orlando State FL Zip Code 32852

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D353781**

Amount of Each Disbursement this Period

23.30

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

65.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Yettie Thompkins**

Mailing Address 414 Lincoln Rd.

City Cocoa State FL Zip Code 32926

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : D353951**

Amount of Each Disbursement this Period

26.81

**B. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D354581**

Amount of Each Disbursement this Period

39.93

**C. Jonathan Obas**

Mailing Address 6372 Raleigh Street Apt 1904

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D354751**

Amount of Each Disbursement this Period

23.30

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

90.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Marceline Fleurilus**

Mailing Address 2755 Azalea Court

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	2		

**Transaction ID : D354771**

Amount of Each Disbursement this Period

1	6	.	5	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Emanuel Glenn**

Mailing Address 6723 Stardust Lane

City Orlando State FL Zip Code 32818

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	2		

**Transaction ID : D354811**

Amount of Each Disbursement this Period

1	2	.	0	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	2		

**Transaction ID : D353341**

Amount of Each Disbursement this Period

2	5	.	6	2
---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5	4	.	2	4
---	---	---	---	---

5	4	.	2	4
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Cartine Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353391**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353421**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353431**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Eric Pagan**

Mailing Address 290 Augustine Ct.

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

**Transaction ID : D353622**

Amount of Each Disbursement this Period

23.64

Full Name (Last, First, Middle Initial)

**B. Yettie Thompkins**

Mailing Address 414 Lincoln Rd.

City Cocoa State FL Zip Code 32926

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D353952**

Amount of Each Disbursement this Period

27.90

Full Name (Last, First, Middle Initial)

**C. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City Port St. Lucie State FL Zip Code 34983

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D354632**

Amount of Each Disbursement this Period

32.07

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

83.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City State Zip Code  
Coconut Creek FL 33066

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

**Transaction ID : D354652**

Amount of Each Disbursement this Period

3	3	.	5	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Jonathan Obas**

Mailing Address 6372 Raleigh Street Apt 1904

City State Zip Code  
Orlando FL 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

**Transaction ID : D354742**

Amount of Each Disbursement this Period

2	0	.	6	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Sarah Halper**

Mailing Address 709 S D Street

City State Zip Code  
Lake Worth FL 33460

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : D354792**

Amount of Each Disbursement this Period

2	1	.	7	1
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	5	.	8	9
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City State Zip Code  
West Palm Beach FL 33411

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353342**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Cartine Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City State Zip Code  
Orlando FL 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353392**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Eric Pagan**

Mailing Address 290 Augustine Ct.

City State Zip Code  
Oviedo FL 32765

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353623**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Justin Conner Jones**

Mailing Address 2115 River Tree Circle

City Orlando State FL Zip Code 32839

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D353703**

Amount of Each Disbursement this Period

24.19

Full Name (Last, First, Middle Initial)

**B. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D353863**

Amount of Each Disbursement this Period

25.46

Full Name (Last, First, Middle Initial)

**C. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

**Transaction ID : D354593**

Amount of Each Disbursement this Period

32.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

81.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

**Transaction ID : D354613**

Amount of Each Disbursement this Period

3	2	.	0	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Evon Hammond**

Mailing Address 3137 Floral Way East

City Apopka State FL Zip Code 32703

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

**Transaction ID : D354713**

Amount of Each Disbursement this Period

1	5	.	8	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Charles Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

**Transaction ID : D354733**

Amount of Each Disbursement this Period

1	5	.	8	6
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6	3	.	8	0
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		.		
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Marceline Fleurilus**

Mailing Address 2755 Azalea Court

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : D354763**

Amount of Each Disbursement this Period

32.07
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Full Name (Last, First, Middle Initial)

**B. Louis Porteous**

Mailing Address 3059 SE Amherst Street

City Stuart State FL Zip Code 34997

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : D354823**

Amount of Each Disbursement this Period

26.46
-------

Full Name (Last, First, Middle Initial)

**C. Andre Broussard**

Mailing Address 18 Catalina drive

City DeBary State FL Zip Code 32713

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : D357433**

Amount of Each Disbursement this Period

39.93
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

98.46
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Dionne Allen**

Mailing Address 12303 Bohannon Blvd

City Orlando State FL Zip Code 32824

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353604**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. John Tracey**

Mailing Address 2812 Genessee Ave

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353684**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353864**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City State Zip Code  
Coconut Creek FL 33066

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D354644**

Amount of Each Disbursement this Period

33.56

**B. Jonathan Ortega**

Full Name (Last, First, Middle Initial)

Mailing Address 3732 Aldergate PL

City State Zip Code  
Casselberry FL 32707

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : D354774**

Amount of Each Disbursement this Period

22.64

**C. Sarah Halper**

Full Name (Last, First, Middle Initial)

Mailing Address 709 S D Street

City State Zip Code  
Lake Worth FL 33460

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : D354784**

Amount of Each Disbursement this Period

15.17

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

71.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Emanuel Glenn**

Mailing Address 6723 Stardust Lane

City Orlando State FL Zip Code 32818

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D354814**

Amount of Each Disbursement this Period

16.27

Full Name (Last, First, Middle Initial)

**B. Justin Conner Jones**

Mailing Address 2115 River Tree Circle

City Orlando State FL Zip Code 32839

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D353704**

Amount of Each Disbursement this Period

20.33

Full Name (Last, First, Middle Initial)

**C. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D357434**

Amount of Each Disbursement this Period

32.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

68.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial) <b>A. Dionne Allen</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2012
Mailing Address 12303 Bohannon Blvd		<b>Transaction ID : D353605</b>
City Orlando	State FL	
Zip Code 32824	Purpose of Disbursement Canvassing for Non-Federal Candidates	Amount of Each Disbursement this Period 27.70
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Frankisha Walker</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2012
Mailing Address 3414 34th Way		<b>Transaction ID : D353635</b>
City West Palm Beach	State FL	
Zip Code 33407	Purpose of Disbursement Canvassing for Non-Federal Candidates	Amount of Each Disbursement this Period 20.76
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gabriela Ortega</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2012
Mailing Address 3732 Aldergate Pl.		<b>Transaction ID : D353645</b>
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement Canvassing for Non-Federal Candidates	Amount of Each Disbursement this Period 24.19
Candidate Name	Category/Type	
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)..... ▶

72.65

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. John Tracey**

Mailing Address 2812 Genessee Ave

City State Zip Code  
West Palm Beach FL 33409

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353685**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Justin Conner Jones**

Mailing Address 2115 River Tree Circle

City State Zip Code  
Orlando FL 32839

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353705**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Andre Broussard**

Mailing Address 18 Catalina drive

City State Zip Code  
DeBary FL 32713

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D354575**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Obas**

Mailing Address 6372 Raleigh Street Apt 1904

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D354745**

Amount of Each Disbursement this Period

24.19

Full Name (Last, First, Middle Initial)

**B. Marceline Fleurilus**

Mailing Address 2755 Azalea Court

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D354755**

Amount of Each Disbursement this Period

13.43

Full Name (Last, First, Middle Initial)

**C. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

**Transaction ID : D353865**

Amount of Each Disbursement this Period

25.47

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

63.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. SEIU - CC, LLC**

Mailing Address P.O. Box 2238

City State Zip Code  
New York NY 10108

Purpose of Disbursement  
Voter Outreach Calls in Support of Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 22 / 2012

**Transaction ID : D353305**

Amount of Each Disbursement this Period

1460.40

Full Name (Last, First, Middle Initial)

**B. Antrenic Williams**

Mailing Address 3070 Malcolm Drive

City State Zip Code  
Deltona FL 32738

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D353355**

Amount of Each Disbursement this Period

25.53

Full Name (Last, First, Middle Initial)

**C. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City State Zip Code  
Kissimmee FL 34743

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : D353365**

Amount of Each Disbursement this Period

25.46

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1511.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Dionne Allen**

Mailing Address 12303 Bohannon Blvd

City Orlando State FL Zip Code 32824

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : D353606**

Amount of Each Disbursement this Period

9	.	0	2
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Frankisha Walker**

Mailing Address 3414 34th Way

City West Palm Beach State FL Zip Code 33407

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

**Transaction ID : D353636**

Amount of Each Disbursement this Period

2	8	.	8	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

**Transaction ID : D353646**

Amount of Each Disbursement this Period

2	0	.	3	3
---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5	8	.	2	4
---	---	---	---	---

5	8	.	2	4
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. John Tracey**

Mailing Address 2812 Genessee Ave

City State Zip Code  
West Palm Beach FL 33409

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : D353686**

Amount of Each Disbursement this Period

23.86

Full Name (Last, First, Middle Initial)

**B. Justin Conner Jones**

Mailing Address 2115 River Tree Circle

City State Zip Code  
Orlando FL 32839

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D353706**

Amount of Each Disbursement this Period

23.59

Full Name (Last, First, Middle Initial)

**C. Kathy Dent**

Mailing Address 1834 SE Aneci Street

City State Zip Code  
Port Saint Lucie FL 34983

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D353716**

Amount of Each Disbursement this Period

22.65

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

70.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Pilar Burgos**

Mailing Address 4214 Pershing Pointe Place #3

City Orlando State FL Zip Code 32822

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D353866**

Amount of Each Disbursement this Period

24.56

Full Name (Last, First, Middle Initial)

**B. Robert Richardson**

Mailing Address 2352 Z Terrace

City Riviera Beach State FL Zip Code 33404

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D353876**

Amount of Each Disbursement this Period

20.47

Full Name (Last, First, Middle Initial)

**C. Tony Patterson**

Mailing Address 1638 Bresee Road

City West Palm Beach State FL Zip Code 33415

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D353926**

Amount of Each Disbursement this Period

14.57

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

59.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D354596**

Amount of Each Disbursement this Period

32.08

Full Name (Last, First, Middle Initial)

**B. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City Port St. Lucie State FL Zip Code 34983

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : D354636**

Amount of Each Disbursement this Period

32.07

Full Name (Last, First, Middle Initial)

**C. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City Coconut Creek State FL Zip Code 33066

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D354656**

Amount of Each Disbursement this Period

33.56

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

97.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Evon Hammond**

Mailing Address 3137 Floral Way East

City Apopka State FL Zip Code 32703

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D354716**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Charles Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D354736**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Antrenic Williams**

Mailing Address 3070 Malcolm Drive

City Deltona State FL Zip Code 32738

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353356**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City State Zip Code  
Kissimmee FL 34743

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353366**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Frankisha Walker**

Mailing Address 3414 34th Way

City State Zip Code  
West Palm Beach FL 33407

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353637**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City State Zip Code  
Casselberry FL 32707

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353647**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. John Tracey**

Mailing Address 2812 Genessee Ave

City State Zip Code  
West Palm Beach FL 33409

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D353687**

Amount of Each Disbursement this Period

33.08

Full Name (Last, First, Middle Initial)

**B. Kathy Dent**

Mailing Address 1834 SE Aneci Street

City State Zip Code  
Port Saint Lucie FL 34983

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : D353717**

Amount of Each Disbursement this Period

25.83

Full Name (Last, First, Middle Initial)

**C. Robert Richardson**

Mailing Address 2352 Z Terrace

City State Zip Code  
Riviera Beach FL 33404

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : D353877**

Amount of Each Disbursement this Period

23.60

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

82.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Sandy Hector**

Mailing Address 4330 Village Drive #B

City Delray State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353907**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Tony Patterson**

Mailing Address 1638 Bresee Road

City West Palm Beach State FL Zip Code 33415

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353927**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL**

Mailing Address 1800 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
In Kind: Canvassing for Non-Federal Candidate

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D338457**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Gloria Clowney**

Mailing Address 971 Foxfire TRL

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D354587**

Amount of Each Disbursement this Period

32.08

Full Name (Last, First, Middle Initial)

**B. Brandon Llewellyn**

Mailing Address 769 Trey Court

City Apopka State FL Zip Code 32712

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D354607**

Amount of Each Disbursement this Period

32.08

Full Name (Last, First, Middle Initial)

**C. Evon Hammond**

Mailing Address 3137 Floral Way East

City Apopka State FL Zip Code 32703

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D354707**

Amount of Each Disbursement this Period

7.21

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

71.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Charles Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D354727**

Amount of Each Disbursement this Period

7.21

Full Name (Last, First, Middle Initial)

**B. Marceline Fleurilus**

Mailing Address 2755 Azalea Court

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D354767**

Amount of Each Disbursement this Period

16.59

Full Name (Last, First, Middle Initial)

**C. Jonathan Ortega**

Mailing Address 3732 Aldergate PL

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

**Transaction ID : D354777**

Amount of Each Disbursement this Period

27.25

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

51.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Brian Quillen**

Mailing Address 232 Parkwood Drive S

City State Zip Code  
West Palm Beach FL 33411

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D354827**

Amount of Each Disbursement this Period

27.27

Full Name (Last, First, Middle Initial)

**B. Antrenic Williams**

Mailing Address 3070 Malcolm Drive

City State Zip Code  
Deltona FL 32738

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : D353357**

Amount of Each Disbursement this Period

21.91

Full Name (Last, First, Middle Initial)

**C. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City State Zip Code  
Kissimmee FL 34743

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D353367**

Amount of Each Disbursement this Period

25.46

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

74.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Frankisha Walker**

Mailing Address 3414 34th Way

City West Palm Beach State FL Zip Code 33407

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D353638**

Amount of Each Disbursement this Period

23.30

Full Name (Last, First, Middle Initial)

**B. Gabriela Ortega**

Mailing Address 3732 Aldergate Pl.

City Casselberry State FL Zip Code 32707

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D353648**

Amount of Each Disbursement this Period

20.02

Full Name (Last, First, Middle Initial)

**C. Kathy Dent**

Mailing Address 1834 SE Aneci Street

City Port Saint Lucie State FL Zip Code 34983

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

**Transaction ID : D353718**

Amount of Each Disbursement this Period

28.30

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

71.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Linda Echeverria**

Mailing Address 11305 Spining Reel

City Orlando State FL Zip Code 32852

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353778**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Robert Richardson**

Mailing Address 2352 Z Terrace

City Riviera Beach State FL Zip Code 33404

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353878**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Sandy Hector**

Mailing Address 4330 Village Drive #B

City Delray State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353908**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Tony Patterson**

Mailing Address 1638 Bresee Road

City State Zip Code  
West Palm Beach FL 33415

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : D353928**

Amount of Each Disbursement this Period

24.08
-------

Full Name (Last, First, Middle Initial)

**B. Andre Broussard**

Mailing Address 18 Catalina drive

City State Zip Code  
DeBary FL 32713

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2012

**Transaction ID : D354578**

Amount of Each Disbursement this Period

39.93
-------

Full Name (Last, First, Middle Initial)

**C. Anne Pierre**

Mailing Address 1852 SE Carvalho Street

City State Zip Code  
Port St. Lucie FL 34983

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : D354628**

Amount of Each Disbursement this Period

32.07
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

96.08
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Rodrigues**

Mailing Address 3259 Carambol Circle South

City State Zip Code  
Coconut Creek FL 33066

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : D354648**

Amount of Each Disbursement this Period

33.56

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Jonathan Obas**

Mailing Address 6372 Raleigh Street Apt 1904

City State Zip Code  
Orlando FL 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : D354748**

Amount of Each Disbursement this Period

20.02

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Sarah Halper**

Mailing Address 709 S D Street

City State Zip Code  
Lake Worth FL 33460

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : D354788**

Amount of Each Disbursement this Period

22.89

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

76.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Antrenic Williams**

Mailing Address 3070 Malcolm Drive

City Deltona State FL Zip Code 32738

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

**Transaction ID : D353358**

Amount of Each Disbursement this Period

26.73

Full Name (Last, First, Middle Initial)

**B. Audeliz Sanchez**

Mailing Address 3104 Orchard Place

City Kissimmee State FL Zip Code 34743

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D353368**

Amount of Each Disbursement this Period

21.38

Full Name (Last, First, Middle Initial)

**C. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D353418**

Amount of Each Disbursement this Period

25.46

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

73.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Diego Renteria**

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D353428**

Amount of Each Disbursement this Period

21.85

Full Name (Last, First, Middle Initial)

**B. Kathy Dent**

Mailing Address 1834 SE Aneci Street

City Port Saint Lucie State FL Zip Code 34983

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D353719**

Amount of Each Disbursement this Period

24.58

Full Name (Last, First, Middle Initial)

**C. Linda Echeverria**

Mailing Address 11305 Spining Reel

City Orlando State FL Zip Code 32852

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D353779**

Amount of Each Disbursement this Period

20.33

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

66.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Richardson**

Mailing Address 2352 Z Terrace

City State Zip Code  
Riviera Beach FL 33404

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D353879**

Amount of Each Disbursement this Period

25.38

Full Name (Last, First, Middle Initial)

**B. Tony Patterson**

Mailing Address 1638 Bresee Road

City State Zip Code  
West Palm Beach FL 33415

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : D353929**

Amount of Each Disbursement this Period

20.07

Full Name (Last, First, Middle Initial)

**C. Yettie Thompkins**

Mailing Address 414 Lincoln Rd.

City State Zip Code  
Cocoa FL 32926

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D353949**

Amount of Each Disbursement this Period

17.16

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

62.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathan Obas**

Mailing Address 6372 Raleigh Street Apt 1904

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D354739**

Amount of Each Disbursement this Period

21.21

Full Name (Last, First, Middle Initial)

**B. Marceline Fleurilus**

Mailing Address 2755 Azalea Court

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : D354759**

Amount of Each Disbursement this Period

32.07

Full Name (Last, First, Middle Initial)

**C. Damon Taylor**

Mailing Address 10 Eaton Street

City Eatonville State FL Zip Code 32751

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : D353419**

Amount of Each Disbursement this Period

21.38

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

74.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

**A. Sandy Hector**

Mailing Address 4330 Village Drive #B

City Delray State FL Zip Code 33445

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353909**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alexis Cartland**

Mailing Address 6492 Emerald Dunes Drive # 305

City West Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353339**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Cartine Obas**

Mailing Address 2544 Robert Trent Jones Drive Unit

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D353389**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Florida Freedom PAC**

Full Name (Last, First, Middle Initial)

### A. Diego Renteria

Mailing Address 430 Green Spring Circle

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Canvassing for Non-Federal Candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : D353429

Amount of Each Disbursement this Period

22.49

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

22.49

11398.47

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 352 OF 737
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Florida New Majority</b>	Nature of Debt (Purpose): Canvass Expenses & Program Costs
Mailing Address 8330 Biscayne Blvd. Suite 1	
City State Zip Code Miami FL 33138	

Outstanding Balance Beginning This Period <input type="text" value="212285.52"/>	<b>Transaction ID : D387</b>	
Amount Incurred This Period <input type="text" value="158929.70"/>	Payment This Period <input type="text" value="200000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="171215.22"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="171215.22"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="171215.22"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="171215.22"/>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL</b>		Date MM / DD / YYYY <b>07 / 01 / 2012</b>
Mailing Address <b>1800 MASSACHUSETTS AVENUE NW</b>		Amount <b>425529.07</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20036</b>	<b>Transaction ID : D329835</b>	
Purpose of Expenditure In-Kind: Payment for salary and other canvass-related expenses from 7/1-7/31	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Florida New Majority</b>		Date MM / DD / YYYY <b>07 / 26 / 2012</b>
Mailing Address <b>8330 Biscayne Blvd.</b>		Amount <b>29488.85</b>
Suite 1		
City <b>Miami</b>	State <b>FL</b>	<b>Transaction ID : D357931</b>
Zip Code <b>33138</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Purpose of Expenditure Reimbursement for Canvass & Program-Related Expenses as Itemized on Line 21B	Category/Type <b>001</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>455017.92</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Florida New Majority
Mailing Address 8330 Biscayne Blvd. Suite 1
City Miami State FL Zip Code 33138
Date 07 / 31 / 2012
Amount 29505.35
Transaction ID : D357937
Purpose of Expenditure Reimbursement for Canvass & Program-Related Expenses as Itemized on Line 21B
Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL
Mailing Address 1800 MASSACHUSETTS AVENUE NW
City WASHINGTON State DC Zip Code 20036
Date 08 / 01 / 2012
Amount 417895.49
Transaction ID : D329836
Purpose of Expenditure In-Kind: Payment for salary and other canvass-related expenses from 8/1-8/31
Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 447400.84
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Florida New Majority</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 08 / 16 / 2012
Mailing Address 8330 Biscayne Blvd. Suite 1		Amount <span style="border: 1px solid black; padding: 2px;">29399.95</span>
City Miami	State FL	Zip Code 33138
Purpose of Expenditure Reimbursement for Canvass & Program-Related Expenses as Itemized on Line 21B	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D357936**

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group, Inc.</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 08 / 21 / 2012
Mailing Address 1720 I Street, NW Suite 550		Amount <span style="border: 1px solid black; padding: 2px;">11520.00</span>
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Voter Canvass Literature	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D329832**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">40919.95</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Benjamin Pusey</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>	
Mailing Address <b>4150 Eastgate Ave #7108</b>		Amount <b>87.39</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32839</b>	<b>Transaction ID : D354828</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>Benjamin Pusey</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>	
Mailing Address <b>4150 Eastgate Ave #7108</b>		Amount <b>87.39</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32839</b>	<b>Transaction ID : D354829</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>174.78</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Louis Porteous</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3059 SE Amherst Street</b>		Amount <b>248.87</b>
City <b>Stuart</b>	State <b>FL</b>	
Zip Code <b>34997</b>	<b>Transaction ID : D354820</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Louis Porteous</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3059 SE Amherst Street</b>		Amount <b>248.87</b>
City <b>Stuart</b>	State <b>FL</b>	
Zip Code <b>34997</b>	<b>Transaction ID : D354821</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>497.74</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Louis Porteous</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3059 SE Amherst Street</b>		Amount <b>5.30</b>
City <b>Stuart</b>	State <b>FL</b>	
Zip Code <b>34997</b>	<b>Transaction ID : D354822</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Brian Quillen</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>232 Parkwood Drive S</b>		Amount <b>256.30</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33411</b>	<b>Transaction ID : D354824</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>261.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Brian Quillen</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>232 Parkwood Drive S</b>		Amount <b>256.30</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33411</b>	<b>Transaction ID : D354825</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Brian Quillen</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>232 Parkwood Drive S</b>		Amount <b>5.45</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33411</b>	<b>Transaction ID : D354826</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>261.75</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Emanuel Glenn</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>6723 Stardust Lane</b>		Amount <span style="margin-left: 20px;">154.62</span>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32818</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D354813**

Full Name (Last, First, Middle Initial) of Payee <b>Thamara LaCruz</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>21325 NE 8 Place #1K</b>		Amount <span style="margin-left: 20px;">241.89</span>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33179</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D354815**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">396.51</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Thamara LaCruz
Mailing Address 21325 NE 8 Place #1K
City Miami State FL Zip Code 33179
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Calendar Year-To-Date Per Election for Office Sought 245586.48
Disbursement For: 2012 Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee Gennary Merchan
Mailing Address 12990 SW 63 Ter. Apt 606
City Miami State FL Zip Code 33183
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: 2012 Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 433.98
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Gihan Perera [Electronically Filed] Date: 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Gennary Merchan</b>		Date 09 / 28 / 2012
Mailing Address 12990 SW 63 Ter. Apt 606		Amount 192.10
City Miami	State FL	Zip Code 33183
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D354818

Full Name (Last, First, Middle Initial) of Payee <b>Gennary Merchan</b>		Date 09 / 28 / 2012
Mailing Address 12990 SW 63 Ter. Apt 606		Amount 20.22
City Miami	State FL	Zip Code 33183
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5002.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D354819

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	212.32
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Kerline Cambronne</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">M M</span> / <span style="font-size: 1.2em; padding: 0 5px;">D D</span> / <span style="font-size: 1.2em; padding: 0 5px;">Y Y Y Y</span> </div>
Mailing Address 2861 Somerset Drive #112		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">149.84</span> </div>
City State Zip Code Fort Lauderdale FL 33311	<b>Transaction ID : D354805</b>	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Kerline Cambronne</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">M M</span> / <span style="font-size: 1.2em; padding: 0 5px;">D D</span> / <span style="font-size: 1.2em; padding: 0 5px;">Y Y Y Y</span> </div>
Mailing Address 2861 Somerset Drive #112		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">149.84</span> </div>
City State Zip Code Fort Lauderdale FL 33311		<b>Transaction ID : D354806</b>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">245586.48</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">299.68</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date 
M M / D D / Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Kerline Cambronne</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2861 Somerset Drive #112</b>		Amount <b>15.77</b>
City <b>Fort Lauderdale</b>	State      Zip Code <b>FL              33311</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D354807</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>26</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>5      5      5002.41</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Emanuel Glenn</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>6723 Stardust Lane</b>		Amount <b>114.28</b>
City <b>Orlando</b>	State      Zip Code <b>FL              32818</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D354809</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>5      5      1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>130.05</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Emanuel Glenn</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>6723 Stardust Lane</b>		Amount <span style="margin-left: 20px;">114.28</span>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32818</b>	<b>Transaction ID : D354810</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>245586.48</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Emanuel Glenn</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>6723 Stardust Lane</b>		Amount <span style="margin-left: 20px;">154.62</span>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32818</b>	<b>Transaction ID : D354812</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>1662785.69</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;"><b>268.90</b></span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Savanah Goodland</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 14501 Audubon Trail #706		Amount <span style="margin-left: 20px;">159.04</span>
City Tampa	State FL      Zip Code 33613	
Purpose of Expenditure Salary	Category/Type 001	<b>Transaction ID : D354795</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Savanah Goodland</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 14501 Audubon Trail #706		Amount <span style="margin-left: 20px;">159.04</span>
City Tampa	State FL      Zip Code 33613	
Purpose of Expenditure Salary	Category/Type 001	<b>Transaction ID : D354796</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House      State: FL <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">318.08</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Juges</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>2326 E 111 Avenue</b>		Amount <input type="text"/>
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33612</b>
Purpose of Expenditure <b>Salary</b>		Transaction ID : <b>D354799</b>
Category/Type <input type="text"/>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Juges</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>2326 E 111 Avenue</b>		Amount <input type="text"/>
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33612</b>
Purpose of Expenditure <b>Salary</b>		Transaction ID : <b>D354800</b>
Category/Type <input type="text"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/>	<b>73.71</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>	
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<b>02</b>		<b>14</b>		<b>2013</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Tea Zubic</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 2704 Brigadoon Drive		Amount <span style="margin-left: 20px;">230.46</span>
City Clearwater	State FL	
Zip Code 33759	<b>Transaction ID : D354803</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Tea Zubic</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 2704 Brigadoon Drive		Amount <span style="margin-left: 20px;">230.45</span>
City Clearwater	State FL	
Zip Code 33759	<b>Transaction ID : D354804</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">460.91</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>2755 Azalea Court</b>		Amount <span style="border: 1px solid black; padding: 2px;">3.32</span>
City <b>Delray Beach</b>	State <b>FL</b>	Zip Code <b>33445</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354770</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Ortega</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>3732 Aldergate PL</b>		Amount <span style="border: 1px solid black; padding: 2px;">248.73</span>
City <b>Casselberry</b>	State <b>FL</b>	Zip Code <b>32707</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354778</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">252.05</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Ortega</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>3732 Aldergate PL</b>		Amount <input type="text"/> 248.73
City <b>Casselberry</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text"/> 001	Transaction ID : <b>D354779</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>709 S D Street</b>		Amount <input type="text"/> 204.04
City <b>Lake Worth</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text"/> 001	Transaction ID : <b>D354789</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/> 452.77
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date  /  /

*Gihan Perera*  
Signature [Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 2px;">09</span> / <span style="font-size: 1.2em; padding: 2px;">28</span> / <span style="font-size: 1.2em; padding: 2px;">2012</span> </div>
Mailing Address <b>709 S D Street</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">204.04</span> </div>
City <b>Lake Worth</b> State <b>FL</b> Zip Code <b>33460</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>	
Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">245586.48</span> </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D354790**

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 2px;">09</span> / <span style="font-size: 1.2em; padding: 2px;">28</span> / <span style="font-size: 1.2em; padding: 2px;">2012</span> </div>
Mailing Address <b>709 S D Street</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">4.34</span> </div>
City <b>Lake Worth</b> State <b>FL</b> Zip Code <b>33460</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>	
Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">2749.68</span> </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D354791**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">208.38</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed]      Date 

02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Obas</b>	Date <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
Mailing Address <b>6372 Raleigh Street Apt 1904</b>	Amount <input type="text" value="221.31"/>
City <b>Orlando</b>	State <b>FL</b>
Zip Code <b>32835</b>	Transaction ID : <b>D354750</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text" value="001"/>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="245586.48"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>	Date <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
Mailing Address <b>2755 Azalea Court</b>	Amount <input type="text" value="156.03"/>
City <b>Delray Beach</b>	State <b>FL</b>
Zip Code <b>33445</b>	Transaction ID : <b>D354764</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text" value="001"/>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="1662785.69"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text" value="377.34"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text" value=""/>
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text" value=""/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 2755 Azalea Court		Amount <span style="border: 1px solid black; padding: 2px;">156.03</span>
City Delray Beach	State Zip Code FL 33445	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354765</b> Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		2012

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 2755 Azalea Court		Amount <span style="border: 1px solid black; padding: 2px;">3.32</span>
City Delray Beach	State Zip Code FL 33445	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354766</b> Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">159.35</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 2755 Azalea Court		Amount <span style="border: 1px solid black; padding: 2px;">156.03</span>
City Delray Beach	State FL	
Zip Code 33445	<b>Transaction ID : D354768</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 2755 Azalea Court		Amount <span style="border: 1px solid black; padding: 2px;">156.03</span>
City Delray Beach	State FL	
Zip Code 33445	<b>Transaction ID : D354769</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">312.06</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C 00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee  
**Evon Hammond**

Mailing Address **3137 Floral Way East**

Date 09 / 28 / 2012

City State Zip Code  
**Apopka FL 32703**

Amount 150.64  
Transaction ID : **D354715**

Purpose of Expenditure  
**Salary**

Category/Type 001

Office Sought:  House  Senate  President  
State: **FL** District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BILL NELSON**

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 245586.48

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
**Darlene Marshall**

Mailing Address **6175 Checkmate Ln**

Date 09 / 28 / 2012

City State Zip Code  
**Jacksonville FL 32244**

Amount 230.98  
Transaction ID : **D354723**

Purpose of Expenditure  
**Salary**

Category/Type 001

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BARACK OBAMA**

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 1662785.69

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	381.62
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date 02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Darlene Marshall
Mailing Address 6175 Checkmate Ln
City Jacksonville State FL Zip Code 32244
Amount 230.97
Transaction ID : D354724
Purpose of Expenditure Salary Category/ Type 001
Office Sought: Senate District:
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Calendar Year-To-Date Per Election for Office Sought 245586.48
Disbursement For: General 2012

Full Name (Last, First, Middle Initial) of Payee Charles Obas
Mailing Address 2544 Robert Trent Jones Drive Unit
City Orlando State FL Zip Code 32835
Amount 113.61
Transaction ID : D354734
Purpose of Expenditure Salary Category/ Type 001
Office Sought: President District:
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: General 2012

(a) SUBTOTAL of Itemized Independent Expenditures 344.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature

[Electronically Filed]

Date

02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>	
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Charles Obas</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount <input type="text"/>	
City Orlando	State FL	Zip Code 32835	Transaction ID : <b>D354735</b>
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Obas</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 6372 Raleigh Street Apt 1904		Amount <input type="text"/>	
City Orlando	State FL	Zip Code 32835	Transaction ID : <b>D354749</b>
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/> 334.92
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date  /  /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Ophelia Somers
Mailing Address 2233 Adams Street Apt B
City Hollywood State FL Zip Code 33020
Amount 313.38
Transaction ID : D354685
Purpose of Expenditure Salary Category/Type 001
Office Sought: President
Check One: Support
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: General

Full Name (Last, First, Middle Initial) of Payee Ophelia Somers
Mailing Address 2233 Adams Street Apt B
City Hollywood State FL Zip Code 33020
Amount 313.38
Transaction ID : D354686
Purpose of Expenditure Salary Category/Type 001
Office Sought: Senate
Check One: Support
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Calendar Year-To-Date Per Election for Office Sought 245586.48
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 626.76
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Ophelia Somers</b>		Date MM / DD / YYYY 09 / 28 / 2012
Mailing Address 2233 Adams Street Apt B		Amount 32.99
City Hollywood	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D354687
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5002.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date MM / DD / YYYY 09 / 28 / 2012
Mailing Address 2326 E 111 Avenue		Amount 203.21
City Tampa	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D354702
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	236.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>2326 E 111 Avenue</b>		Amount <span style="margin-left: 20px;">203.20</span>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33612</b>	<b>Transaction ID : D354703</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Evon Hammond</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>3137 Floral Way East</b>		Amount <span style="margin-left: 20px;">150.64</span>
City <b>Apopka</b>	State <b>FL</b>	
Zip Code <b>32703</b>	<b>Transaction ID : D354714</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">353.84</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>	
Mailing Address 7925 Merrill Road Apt 2807	
City Jacksonville	State FL
Zip Code 32277	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	
Calendar Year-To-Date Per Election for Office Sought 1662785.69	

Date 09 / 28 / 2012
Amount 205.66
Transaction ID : D354663
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>	
Mailing Address 7925 Merrill Road Apt 2807	
City Jacksonville	State FL
Zip Code 32277	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	
Calendar Year-To-Date Per Election for Office Sought 245586.48	

Date 09 / 28 / 2012
Amount 205.66
Transaction ID : D354664
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	411.32
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>		Date MM / DD / YYYY 09 / 28 / 2012
Mailing Address 7925 Merrill Road Apt 2807		Amount 205.66
City Jacksonville	State FL	Zip Code 32277
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 1662785.69		2012

Transaction ID : D354665

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>		Date MM / DD / YYYY 09 / 28 / 2012
Mailing Address 7925 Merrill Road Apt 2807		Amount 205.66
City Jacksonville	State FL	Zip Code 32277
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 245586.48		2012

Transaction ID : D354667

(a) SUBTOTAL of Itemized Independent Expenditures.....	411.32
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Juan Rodriguez</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3415 W Hillsborough Ave #726</b>		Amount <b>399.23</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33614</b>	<b>Transaction ID : D354674</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Juan Rodriguez</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3415 W Hillsborough Ave #726</b>		Amount <b>399.22</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33614</b>	<b>Transaction ID : D354675</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>798.45</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 1852 SE Carvalho Street		Amount <span style="border: 1px solid black; padding: 2px;">301.50</span>
City Port St. Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D354637</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 1852 SE Carvalho Street		Amount <span style="border: 1px solid black; padding: 2px;">301.50</span>
City Port St. Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D354638</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">603.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M / D D / Y Y Y Y  
02 / 14 / 2013

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09 / 28 / 2012</span> </div>
Mailing Address 1852 SE Carvalho Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">6.41</span> </div>
City State Zip Code Port St. Lucie FL 34983	<b>Transaction ID : D354639</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2749.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09 / 28 / 2012</span> </div>
Mailing Address 3259 Carambol Circle South		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">315.51</span> </div>
City State Zip Code Coconut Creek FL 33066	<b>Transaction ID : D354653</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">321.92</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3259 Carambol Circle South		Amount <input type="text"/> 315.51
City Coconut Creek	State FL	
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Transaction ID : <b>D354654</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3259 Carambol Circle South		Amount <input type="text"/> 6.71
City Coconut Creek	State FL	
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Transaction ID : <b>D354655</b>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2749.68		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/> 322.22
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold;">C</span> C00521013                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		
Mailing Address 1714 E Mulberry Drive		
City Tampa	State FL	Zip Code 33604
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Date <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y Y Y                      09 / 28 / 2012                 </div>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     341.13                 </div>
<b>Transaction ID : D354603</b>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		
Mailing Address 1714 E Mulberry Drive		
City Tampa	State FL	Zip Code 33604
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Date <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y Y Y                      09 / 28 / 2012                 </div>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     341.12                 </div>
<b>Transaction ID : D354604</b>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">                 682.25             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">                 _____             </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">                 _____             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Brandon Llewellyn</b>		Date 09 / 28 / 2012	
Mailing Address 769 Trey Court		Amount 304.70	
City Apopka	State FL	Zip Code 32712	Transaction ID : D354614
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>Brandon Llewellyn</b>		Date 09 / 28 / 2012	
Mailing Address 769 Trey Court		Amount 304.70	
City Apopka	State FL	Zip Code 32712	Transaction ID : D354615
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	609.40
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
<b>(c) TOTAL</b> Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Jorge Lopez</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>1714 E Mulberry Drive</b>		Amount <span style="border: 1px solid black; padding: 2px;">359.37</span>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33604</b>	<b>Transaction ID : D354623</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Jorge Lopez</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>1714 E Mulberry Drive</b>		Amount <span style="border: 1px solid black; padding: 2px;">359.37</span>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33604</b>	<b>Transaction ID : D354624</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">718.74</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 18px; font-weight: bold; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: -15px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">M M M /</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2012</div>
Mailing Address 4231 NW 11 PL		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">370.59</div>
City Miami	State FL	Zip Code 33127
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">245586.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D354571**

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2012</div>
Mailing Address 4231 NW 11 PL		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">39.00</div>
City Miami	State FL	Zip Code 33127
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">5002.41</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D354572**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	409.59
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera  
Signature

[Electronically Filed]      Date 

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 18 Catalina drive		Amount <b>379.26</b>
City DeBary	State FL	
Zip Code 32713	<b>Transaction ID : D354582</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 18 Catalina drive		Amount <b>379.26</b>
City DeBary	State FL	
Zip Code 32713	<b>Transaction ID : D354583</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>758.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Gloria Clowney</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>971 Foxfire TRL</b>		Amount <b>304.70</b>
City <b>Oviedo</b>	State <b>FL</b>	
Zip Code <b>32765</b>	<b>Transaction ID : D354594</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Gloria Clowney</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>971 Foxfire TRL</b>		Amount <b>304.70</b>
City <b>Oviedo</b>	State <b>FL</b>	
Zip Code <b>32765</b>	<b>Transaction ID : D354595</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>609.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Devin Coleman</b>			Date M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2012</b>		
Mailing Address <b>736 Odessa Street</b>			Amount <b>229.10</b>		
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32206</b>			
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>					

Full Name (Last, First, Middle Initial) of Payee <b>Marisol Marquez</b>			Date M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2012</b>		
Mailing Address <b>304 E Chelsea Street</b>			Amount <b>329.87</b>		
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33603</b>			
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>558.97</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marisol Marquez</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>304 E Chelsea Street</b>		Amount <b>329.88</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33603</b>	<b>Transaction ID : D354550</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3740 Drew Street</b>		Amount <b>329.88</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32207</b>	<b>Transaction ID : D354559</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>659.76</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 3740 Drew Street		Amount <span style="border: 1px solid black; padding: 2px;">329.87</span>
City Jacksonville	State FL	
Zip Code 32207	<b>Transaction ID : D354560</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 4231 NW 11 PL		Amount <span style="border: 1px solid black; padding: 2px;">370.59</span>
City Miami	State FL	
Zip Code 33127	<b>Transaction ID : D354570</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">700.46</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00521013         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Velma Rounville</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; margin-right: 5px;">09</span> / <span style="font-size: 24px; margin-right: 5px;">28</span> / <span style="font-size: 24px;">2012</span> </div>		
Mailing Address 3238 Sedona Trail	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">115.83</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Jacksonville</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32208</td> </tr> </table>		City Jacksonville	State FL
City Jacksonville	State FL	Zip Code 32208	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353937**

Full Name (Last, First, Middle Initial) of Payee <b>Velma Rounville</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; margin-right: 5px;">09</span> / <span style="font-size: 24px; margin-right: 5px;">28</span> / <span style="font-size: 24px;">2012</span> </div>		
Mailing Address 3238 Sedona Trail	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">115.82</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Jacksonville</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32208</td> </tr> </table>		City Jacksonville	State FL
City Jacksonville	State FL	Zip Code 32208	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353939**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">231.65</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date

02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 414 Lincoln Rd.		Amount <span style="margin-left: 20px;">262.23</span>
City Cocoa	State FL	
Purpose of Expenditure Salary	Category/ Type 001	<b>Transaction ID : D353942</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 414 Lincoln Rd.		Amount <span style="margin-left: 20px;">262.23</span>
City Cocoa	State FL	
Purpose of Expenditure Salary	Category/ Type 001	<b>Transaction ID : D353945</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">524.46</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>414 Lincoln Rd.</b>		Amount <b>5.58</b>
City <b>Cocoa</b>	State <b>FL</b>	
Zip Code <b>32926</b>	<b>Transaction ID : D353948</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Devin Coleman</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>736 Odessa Street</b>		Amount <b>229.10</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32206</b>	<b>Transaction ID : D353955</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>234.68</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Stephen Radcliff</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>6753 Ralston Beach Circle</b>		Amount <b>156.07</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33614</b>	<b>Transaction ID : D353916</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>1638 Bresee Road</b>		Amount <b>188.66</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33415</b>	<b>Transaction ID : D353919</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>344.73</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date 09 / 28 / 2012
Mailing Address 1638 Bresee Road		Amount 188.66
City West Palm Beach	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date 09 / 28 / 2012
Mailing Address 1638 Bresee Road		Amount 4.01
City West Palm Beach	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2749.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	192.67
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date 02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Troy Squire</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 1356 W 32 Street		Amount <span style="border: 1px solid black; padding: 2px;">215.11</span>
City Jacksonville	State FL	
Zip Code 32209	<b>Transaction ID : D353932</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Troy Squire</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 1356 W 32 Street		Amount <span style="border: 1px solid black; padding: 2px;">215.10</span>
City Jacksonville	State FL	
Zip Code 32209	<b>Transaction ID : D353935</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">430.21</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date M M / D D / Y Y Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>8820 Fontainebleau Blvd Apt 206</b>		Amount <b>245.41</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33172</b>	<b>Transaction ID : D353894</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>8820 Fontainebleau Blvd Apt 206</b>		Amount <b>245.41</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33172</b>	<b>Transaction ID : D353897</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>490.82</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address 4330 Village Drive #B		Amount <span style="margin-left: 20px;">249.44</span>
City Delray	State FL	
Zip Code 33445	<b>Transaction ID : D353900</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address 4330 Village Drive #B		Amount <span style="margin-left: 20px;">249.44</span>
City Delray	State FL	
Zip Code 33445	<b>Transaction ID : D353903</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">498.88</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 4330 Village Drive #B		Amount <b>5.31</b>
City Delray	State FL	
Zip Code 33445	<b>Transaction ID : D353906</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>FL</u> <input type="checkbox"/> Senate    District: <u>18</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Stephen Radcliff</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 6753 Ralston Beach Circle		Amount <b>156.07</b>
City Tampa	State FL	
Zip Code 33614	<b>Transaction ID : D353913</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>161.38</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2352 Z Terrace</b>		Amount <b>238.56</b>
City <b>Riviera Beach</b>	State <b>FL</b>	
Zip Code <b>33404</b>	<b>Transaction ID : D353872</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2352 Z Terrace</b>		Amount <b>5.08</b>
City <b>Riviera Beach</b>	State <b>FL</b>	
Zip Code <b>33404</b>	<b>Transaction ID : D353875</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>243.64</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address PO Box 380265		Amount <span style="border: 1px solid black; padding: 2px;">21.47</span>
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>D353882</b>
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 002.41</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address PO Box 380265		Amount <span style="border: 1px solid black; padding: 2px;">203.90</span>
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>D353885</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">225.37</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>	Date M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address PO Box 380265	Amount 203.90
City State Zip Code Miami FL 33238	<b>Transaction ID : D353888</b>
Purpose of Expenditure Salary	Category/ Type 001
Office Sought:	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	State: FL District: _____
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 245586.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>	Date M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address 8820 Fontainebleau Blvd Apt 206	Amount 25.84
City State Zip Code Miami FL 33172	<b>Transaction ID : D353891</b>
Purpose of Expenditure Salary	Category/ Type 001
Office Sought:	House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA	State: FL District: 26
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5002.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	229.74
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>Muslim Ali</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 6513 Yellow Hammer Ave		Amount <span style="border: 1px solid black; padding: 2px;">173.37</span>
City Tampa	State FL Zip Code 33025	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D353850**

Full Name (Last, First, Middle Initial) of Payee <b>Orlando Reyes</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 5807 Ricker Road		Amount <span style="border: 1px solid black; padding: 2px;">188.80</span>
City Jacksonville	State FL Zip Code 32244	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D353853**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">362.17</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>Orlando Reyes</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2012</b>
Mailing Address <b>5807 Ricker Road</b>		Amount <b>188.79</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32244</b>		Transaction ID : <b>D353855</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2012</b>
Mailing Address <b>4214 Pershing Pointe Place #3</b>		Amount <b>233.23</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32822</b>		Transaction ID : <b>D353859</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>422.02</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;">C</span> <span style="font-size: 1.2em; vertical-align: middle;">C00521013</span> </div>
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Check if  24-hour report     48-hour report     New report     Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 4214 Pershing Pointe Place #3		Amount <span style="border: 1px solid black; padding: 2px;">233.23</span>
City Orlando	State FL	
Zip Code 32822	<b>Transaction ID : D353862</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 2352 Z Terrace		Amount <span style="border: 1px solid black; padding: 2px;">238.56</span>
City Riviera Beach	State FL	
Zip Code 33404	<b>Transaction ID : D353869</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">471.79</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00521013                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y Y Y                      09 / 28 / 2012                 </div>
Mailing Address 2131 NE Miami Gardens Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26.44</div>
City North Miami Beach      State FL      Zip Code 33179		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House      State: FL <input type="checkbox"/> Senate      District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D353832**

Full Name (Last, First, Middle Initial) of Payee <b>Marilyn Carter</b>		Date <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y Y Y                      09 / 28 / 2012                 </div>
Mailing Address 1320 W 11 St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.23</div>
City Jacksonville      State FL      Zip Code 32209		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House      State: <input type="checkbox"/> Senate      District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D353835**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">226.67</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ Date 02 / 14 / 2013

*[Electronically Filed]*

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

FEC IDENTIFICATION NUMBER  
**C** C00521013

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Marilyn Carter</b>			Date 09 / 28 / 2012
Mailing Address 1320 W 11 St			Amount 200.23 <b>Transaction ID : D353838</b>
City Jacksonville	State FL	Zip Code 32209	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="checked" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input checked="checked" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 245586.48			2012

Full Name (Last, First, Middle Initial) of Payee <b>Marta Marcano</b>			Date 09 / 28 / 2012
Mailing Address 420 E Galvez Lane Apt 206			Amount 186.40 <b>Transaction ID : D353841</b>
City Ponte Vedra	State FL	Zip Code 32081	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="checked" type="checkbox"/> President Check One: <input checked="checked" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 1662785.69			2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	386.63
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 413 OF 737
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name (Last, First, Middle Initial) of Payee <b>Marta Marcano</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>420 E Galvez Lane Apt 206</b>		Amount <input type="text"/>
City <b>Ponte Vedra</b>	State <b>FL</b>	Zip Code <b>32081</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Transaction ID : <b>D353844</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Muslim Ali</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>6513 Yellow Hammer Ave</b>		Amount <input type="text"/>
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33025</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Transaction ID : <b>D353847</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/>	359.76
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>	
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

/  /   
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2121 SW 2 Street Apt 7</b>		Amount <b>181.29</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353814</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>12641 Sw 35 Street</b>		Amount <b>234.99</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33175</b>	<b>Transaction ID : D353817</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>416.28</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00521013</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>	Date M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2012</b>
---	--

Mailing Address <b>12641 Sw 35 Street</b>	Amount <b>234.99</b>
City State Zip Code <b>Miami FL 33175</b>	Transaction ID : <b>D353820</b>

Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	--

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>	Date M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2012</b>
---	--

Mailing Address <b>12641 Sw 35 Street</b>	Amount <b>24.74</b>
City State Zip Code <b>Miami FL 33175</b>	Transaction ID : <b>D353823</b>

Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>26</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	--

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>259.73</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013			
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
			M M M /	D D D /	Y Y Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee  
**Marie Camy**

Date  
M M M / D D D / Y Y Y Y Y Y Y Y  
**09 / 28 / 2012**

Mailing Address 2131 NE Miami Gardens Drive

Amount  
**251.17**

City State Zip Code  
**North Miami Beach FL 33179**

**Transaction ID : D353826**

Purpose of Expenditure Salary  
Category/Type **001**

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President  
Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BARACK OBAMA**

Calendar Year-To-Date Per Election for Office Sought  
**1662785.69**

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
**Marie Camy**

Date  
M M M / D D D / Y Y Y Y Y Y Y Y  
**09 / 28 / 2012**

Mailing Address 2131 NE Miami Gardens Drive

Amount  
**251.17**

City State Zip Code  
**North Miami Beach FL 33179**

**Transaction ID : D353829**

Purpose of Expenditure Salary  
Category/Type **001**

Office Sought:  House State: **FL**  
 Senate District: \_\_\_\_\_  
 President  
Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BILL NELSON**

Calendar Year-To-Date Per Election for Office Sought  
**245586.48**

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<b>502.34</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

**[Electronically Filed]**

Date M M M / D D D / Y Y Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y Y Y"/> <b>09 / 28 / 2012</b>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <input type="text" value="234.99"/>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353796</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text" value="001"/>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="245586.48"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y Y Y"/> <b>09 / 28 / 2012</b>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <input type="text" value="24.74"/>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353799</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text" value="001"/>	Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b> <input type="checkbox"/> Senate District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="5002.41"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text" value="259.73"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text" value=""/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text" value=""/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ Date  /  /   
**02 / 14 / 2013**

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mable Smith</b>	Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>4203 Arch</b>	Amount <b>246.90</b> <b>Transaction ID : D353802</b>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33607</b>	
Purpose of Expenditure Salary      Category/Type <b>001</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Mable Smith</b>	Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>4203 Arch</b>	Amount <b>246.90</b> <b>Transaction ID : D353805</b>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33607</b>	
Purpose of Expenditure Salary      Category/Type <b>001</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>	Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>493.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      [Electronically Filed]      Date **02 / 14 / 2013**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 28 / 2012	
Mailing Address 2121 SW 2 Street Apt 7		Amount <span style="border: 1px solid black; padding: 2px;">19.08</span>	
City Miami	State FL	Zip Code 33135	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353808</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 5002.41</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 28 / 2012	
Mailing Address 2121 SW 2 Street Apt 7		Amount <span style="border: 1px solid black; padding: 2px;">181.29</span>	
City Miami	State FL	Zip Code 33135	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353811</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">200.37</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 11305 Spining Reel		Amount <b>221.31</b>
City Orlando	State FL	
Zip Code 32852	<b>Transaction ID : D353774</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 11305 Spining Reel		Amount <b>221.31</b>
City Orlando	State FL	
Zip Code 32852	<b>Transaction ID : D353777</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>442.62</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

FEC IDENTIFICATION NUMBER ▼  
**C** C00521013

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee  
**Louikens Toussaint**

Date  /  /  **09 / 28 / 2012**

Mailing Address 429 NW 84 Terrace

City State Zip Code  
 Miami FL 33150

Amount  **243.18**

**Transaction ID : D353784**

Purpose of Expenditure Category/Type  
 Salary 001

Office Sought:  House State:   
 Senate District:   
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
 BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  **1662785.69**

Disbursement For:  Primary  General  
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee  
**Louikens Toussaint**

Date  /  /  **09 / 28 / 2012**

Mailing Address 429 NW 84 Terrace

City State Zip Code  
 Miami FL 33150

Amount  **243.18**

**Transaction ID : D353787**

Purpose of Expenditure Category/Type  
 Salary 001

Office Sought:  House State:  **FL**  
 Senate District:   
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
 BILL NELSON

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  **245586.48**

Disbursement For:  Primary  General  
 Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>486.36</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>486.36</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date  /  /  **02 / 14 / 2013**

*Gihan Perera*  
 Signature **[Electronically Filed]**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 18px; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Louikens Toussaint</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; padding: 0 5px;">M M</span> / <span style="font-size: 18px; padding: 0 5px;">D D</span> / <span style="font-size: 18px; padding: 0 5px;">Y Y Y Y</span> </div>
Mailing Address <b>429 NW 84 Terrace</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">25.60</span> </div>
City <b>Miami</b> State <b>FL</b> Zip Code <b>33150</b>	<b>Transaction ID : D353790</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; padding: 0 5px;">M M</span> / <span style="font-size: 18px; padding: 0 5px;">D D</span> / <span style="font-size: 18px; padding: 0 5px;">Y Y Y Y</span> </div>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">234.99</span> </div>
City <b>Miami</b> State <b>FL</b> Zip Code <b>33135</b>	<b>Transaction ID : D353793</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">260.59</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date 
M M / D D / Y Y Y Y

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date MM / DD / YYYY 09 / 28 / 2012
Mailing Address 1834 SE Aneci Street		Amount 4.92
City Port Saint Lucie	State FL	Zip Code 34983
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D353715

Full Name (Last, First, Middle Initial) of Payee <b>Keanna Hall</b>		Date MM / DD / YYYY 09 / 28 / 2012
Mailing Address 10862 Natalie Dr		Amount 205.24
City Jacksonville	State FL	Zip Code 32218
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D353752

(a) SUBTOTAL of Itemized Independent Expenditures.....	210.16
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
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Check if  24-hour report     48-hour report     New report     Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Keanna Hall</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 10862 Natalie Dr		Amount <input type="text"/> 205.23
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D353755

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1341 NE 143 Street		Amount <input type="text"/> 25.29
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5002.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D353758

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> 230.52
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date  /  /



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>1341 NE 143 Street</b>		Amount <b>240.21</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D353761</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>1341 NE 143 Street</b>		Amount <b>240.21</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D353765</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>480.42</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Romero</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 1101 Arboleda Court		Amount <b>240.95</b>
City Tampa	State FL	
Zip Code 33664	<b>Transaction ID : D353690</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Romero</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 1101 Arboleda Court		Amount <b>240.95</b>
City Tampa	State FL	
Zip Code 33664	<b>Transaction ID : D353693</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>481.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ Date **02 / 14 / 2013**  
[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Justin Conner Jones</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2115 River Tree Circle</b>		Amount <b>224.14</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32839</b>	<b>Transaction ID : D353699</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Justin Conner Jones</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2115 River Tree Circle</b>		Amount <b>224.14</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32839</b>	<b>Transaction ID : D353702</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>448.28</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ Date **02 / 14 / 2013**  
[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 1834 SE Aneci Street		Amount <b>231.15</b>
City Port Saint Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D353709</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 1834 SE Aneci Street		Amount <b>231.15</b>
City Port Saint Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D353712</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>462.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ [Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Johann Joseph</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2131 NE Miami Gardens Drive</b>		Amount <b>250.13</b>
City <b>North Miami Beach</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353665</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Johann Joseph</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2131 NE Miami Gardens Drive</b>		Amount <b>250.13</b>
City <b>North Miami Beach</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353670</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>500.26</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
**02 / 14 / 2013**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Johann Joseph</b>		Date 09 / 28 / 2012
Mailing Address 2131 NE Miami Gardens Drive		Amount 26.32
City North Miami Beach	State FL	
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5002.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D353673

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date 09 / 28 / 2012
Mailing Address 2812 Genessee Ave		Amount 310.91
City West Palm Beach	State FL	
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D353677

(a) SUBTOTAL of Itemized Independent Expenditures.....	337.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera  
Signature [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2812 Genessee Ave</b>		Amount <b>310.91</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33409</b>	<b>Transaction ID : D353680</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2812 Genessee Ave</b>		Amount <b>6.62</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33409</b>	<b>Transaction ID : D353683</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>317.53</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2012</b>	
Mailing Address <b>3414 34th Way</b>		Amount <b>4.66</b>	
City <b>West Palm Beach</b>	State <b>FL</b>	Zip Code <b>33407</b>	Transaction ID : <b>D353633</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>18</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>Gabriela Ortega</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2012</b>	
Mailing Address <b>3732 Aldergate Pl.</b>		Amount <b>190.22</b>	
City <b>Casselberry</b>	State <b>FL</b>	Zip Code <b>32707</b>	Transaction ID : <b>D353641</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>194.88</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera  
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Gabriela Ortega</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 3732 Aldergate Pl.		Amount <span style="border: 1px solid black; padding: 2px;">190.22</span>
City Casselberry	State Zip Code FL 32707	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353644</b> Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 1222 NW 58 ST		Amount <span style="border: 1px solid black; padding: 2px;">232.17</span>
City Miami	State Zip Code FL 33142	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353654</b> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">422.39</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>1222 NW 58 ST</b>		Amount <b>232.17</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33142</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D353657**

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>1222 NW 58 ST</b>		Amount <b>24.44</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33142</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D353660**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>256.61</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee <b>Ellis White</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>5571 Longspur Ave</b>		Amount <input type="text"/>
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32219</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text"/>	Transaction ID : <b>D353610</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Ellis White</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>5571 Longspur Ave</b>		Amount <input type="text"/>
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32219</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text"/>	Transaction ID : <b>D353613</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/>	<b>358.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>	
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ Date  /  /

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Eric Pagan</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 290 Augustine Ct.		Amount <span style="border: 1px solid black; padding: 2px;">153.91</span>
City Oviedo	State FL	
Zip Code 32765	<b>Transaction ID : D353616</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Eric Pagan</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 290 Augustine Ct.		Amount <span style="border: 1px solid black; padding: 2px;">153.91</span>
City Oviedo	State FL	
Zip Code 32765	<b>Transaction ID : D353619</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">307.82</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 3414 34th Way		Amount <span style="border: 1px solid black; padding: 2px;">218.98</span>
City West Palm Beach	State FL	
Zip Code 33407	<b>Transaction ID : D353626</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 3414 34th Way		Amount <span style="border: 1px solid black; padding: 2px;">218.98</span>
City West Palm Beach	State FL	
Zip Code 33407	<b>Transaction ID : D353630</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">437.96</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Damon Taylor</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 10 Eaton Street		Amount <b>233.23</b>
City Eatonville	State FL	
Zip Code 32751	<b>Transaction ID : D353417</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Diego Renteria</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 430 Green Spring Circle		Amount <b>207.59</b>
City Winter Springs	State FL	
Zip Code 32708	<b>Transaction ID : D353424</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>440.82</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Diego Renteria</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">28</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">2012</span> </div>
Mailing Address <b>430 Green Spring Circle</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">207.59</span> </div>
City <b>Winter Springs</b> State <b>FL</b> Zip Code <b>32708</b>	<b>Transaction ID : D353427</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"><b>001</b></span>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">28</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">2012</span> </div>
Mailing Address <b>12303 Bohannon Blvd</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">84.81</span> </div>
City <b>Orlando</b> State <b>FL</b> Zip Code <b>32824</b>	<b>Transaction ID : D353594</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"><b>001</b></span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">292.40</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 12303 Bohannon Blvd		Amount <b>84.81</b>
City Orlando	State FL	
Zip Code 32824	<b>Transaction ID : D353597</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address 12303 Bohannon Blvd		Amount <b>1.80</b>
City Orlando	State FL	
Zip Code 32824	<b>Transaction ID : D353600</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>FL</u> <input type="checkbox"/> Senate    District: <u>18</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>86.61</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Cartine Obas</b>		Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>2544 Robert Trent Jones Drive Unit</b>		Amount <span style="float:right">215.66</span>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32835</b>	<b>Transaction ID : D353388</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Charles Jefferson</b>		Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 28 / 2012</b>
Mailing Address <b>8515 River Drive</b>		Amount <span style="float:right">254.41</span>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33615</b>	<b>Transaction ID : D353401</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="float:right">470.07</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="float:right"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Charles Jefferson</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>8515 River Drive</b>		Amount <b>254.41</b>
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33615</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D353404

Full Name (Last, First, Middle Initial) of Payee <b>Corey Willborn</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>421 W Church Street Apt 716</b>		Amount <b>329.88</b>
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32202</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D353407

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>584.29</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Corey Willborn</b>	Date 09 / 28 / 2012
Mailing Address 421 W Church Street Apt 716	Amount 329.87
City Jacksonville State FL Zip Code 32202	Transaction ID : D353410
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 245586.48	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Damon Taylor</b>	Date 09 / 28 / 2012
Mailing Address 10 Eaton Street	Amount 233.23
City Eatonville State FL Zip Code 32751	Transaction ID : D353414
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Office Sought: <input type="checkbox"/> House State: <input checked="" type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1662785.69	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	563.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date  02 /  14 /  2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Audeliz Sanchez</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 3104 Orchard Place		Amount <span style="border: 1px solid black; padding: 2px;">241.92</span>
City Kissimmee	State FL	
Zip Code 34743	<b>Transaction ID : D353364</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Cameron Starkes</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 3919 Robert C Weaver Drive		Amount <span style="border: 1px solid black; padding: 2px;">227.48</span>
City Jacksonville	State FL	
Zip Code 32208	<b>Transaction ID : D353371</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">469.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Cameron Starkes</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3919 Robert C Weaver Drive</b>		Amount <b>227.48</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32208</b>	<b>Transaction ID : D353374</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Carol Brown</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3909 LaSalle Street</b>		Amount <b>203.21</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33607</b>	<b>Transaction ID : D353377</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>430.69</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Carol Brown</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3909 LaSalle Street</b>		Amount <b>203.20</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33607</b>	<b>Transaction ID : D353380</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Cartine Obas</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>2544 Robert Trent Jones Drive Unit</b>		Amount <b>215.66</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32835</b>	<b>Transaction ID : D353383</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>418.86</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>	

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> <b>09 / 28 / 2012</b>
Mailing Address <b>6492 Emerald Dunes Drive # 305</b>		Amount <input type="text" value="Amount"/> <b>4.88</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33411</b>	<b>Transaction ID : D353338</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <input type="text" value="001"/>	Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b> <input type="checkbox"/> Senate District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Alissah Depiro</b>		Date <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> <b>09 / 28 / 2012</b>
Mailing Address <b>3721 Mission Court</b>		Amount <input type="text" value="Amount"/> <b>153.09</b>
City <b>Largo</b>	State <b>FL</b>	
Zip Code <b>33771</b>	<b>Transaction ID : D353345</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <input type="text" value="001"/>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text" value="Amount"/> <b>157.97</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text" value="Amount"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text" value="Amount"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date  /  /   
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Alissah Depiro</b>	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">28</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>		
Mailing Address    3721 Mission Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; width: 100%;"> <span style="font-size: 1.2em;">153.09</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Largo</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 33771</td> </tr> </table>		City Largo	State FL
City Largo	State FL	Zip Code 33771	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center; width: 40px;">001</div>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 100%;"> <span style="font-size: 1.2em;">245586.48</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353348**

Full Name (Last, First, Middle Initial) of Payee <b>Antrenic Williams</b>	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">28</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>		
Mailing Address    3070 Malcolm Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; width: 100%;"> <span style="font-size: 1.2em;">242.59</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Deltona</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32738</td> </tr> </table>		City Deltona	State FL
City Deltona	State FL	Zip Code 32738	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center; width: 40px;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 100%;"> <span style="font-size: 1.2em;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353351**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right; width: 100%;"> <span style="font-size: 1.2em;">395.68</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right; width: 100%;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right; width: 100%;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date    

02 / 
 14 / 
 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Antrenic Williams</b>	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Mailing Address    3070 Malcolm Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">242.59</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Deltona</td> <td>FL</td> <td>32738</td> </tr> </table>		City	State	Zip Code	Deltona	FL
City	State	Zip Code				
Deltona	FL	32738				
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">245586.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____				

**Transaction ID : D353354**

Full Name (Last, First, Middle Initial) of Payee <b>Audeliz Sanchez</b>	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Mailing Address    3104 Orchard Place	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">241.92</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Kissimmee</td> <td>FL</td> <td>34743</td> </tr> </table>		City	State	Zip Code	Kissimmee	FL
City	State	Zip Code				
Kissimmee	FL	34743				
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">245586.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____				

**Transaction ID : D353360**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">484.51</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date    

M M /

D D /

Y Y Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Tea Zubic</b>	Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 2704 Brigadoon Drive	Amount <span style="margin-left: 20px;">203.68</span>
City State Zip Code Clearwater FL 33759	
Purpose of Expenditure Salary	Category/Type <span style="margin-left: 20px;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

**Transaction ID : D354801**

Full Name (Last, First, Middle Initial) of Payee <b>Tea Zubic</b>	Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 2704 Brigadoon Drive	Amount <span style="margin-left: 20px;">203.67</span>
City State Zip Code Clearwater FL 33759	
Purpose of Expenditure Salary	Category/Type <span style="margin-left: 20px;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

**Transaction ID : D354802**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">407.35</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Adil McCoy</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 530 Fallen Timbers		Amount <span style="border: 1px solid black; padding: 2px;">113.27</span>
City Orange Park	State      Zip Code FL              32073	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353326</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Adil McCoy</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 28 / 2012
Mailing Address 530 Fallen Timbers		Amount <span style="border: 1px solid black; padding: 2px;">113.26</span>
City Orange Park	State      Zip Code FL              32073	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353329</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House      State: <u>FL</u> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">226.53</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">28</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2012</span> </div>	
Mailing Address <b>6492 Emerald Dunes Drive # 305</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">229.44</span> </div>	
City <b>West Palm Beach</b>	State <b>FL</b>		Zip Code <b>33411</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">001</span> </div>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">245586.48</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">28</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2012</span> </div>	
Mailing Address <b>6492 Emerald Dunes Drive # 305</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">229.44</span> </div>	
City <b>West Palm Beach</b>	State <b>FL</b>		Zip Code <b>33411</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">001</span> </div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">458.88</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 709 S D Street		Amount <span style="border: 1px solid black; padding: 2px;">215.23</span>
City Lake Worth	State      Zip Code FL              33460	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House      State: FL <input checked="" type="checkbox"/> Senate      District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D354786**

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 709 S D Street		Amount <span style="border: 1px solid black; padding: 2px;">4.58</span>
City Lake Worth	State      Zip Code FL              33460	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House      State: FL <input type="checkbox"/> Senate      District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D354787**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">219.81</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      **[Electronically Filed]**      Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Savanah Goodland</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>                      09 / 21 / 2012                 </div>
Mailing Address 14501 Audubon Trail #706		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">                     68.49                 </div>
City Tampa    State FL    Zip Code 33613	<b>Transaction ID : D354793</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</span>	Office Sought: <input type="checkbox"/> House                          State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Savanah Goodland</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>                      09 / 21 / 2012                 </div>
Mailing Address 14501 Audubon Trail #706		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">                     68.49                 </div>
City Tampa    State FL    Zip Code 33613		<b>Transaction ID : D354794</b>
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</span>	Office Sought: <input type="checkbox"/> House                          State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">                 136.98             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">                                   </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">                                   </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date 
M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Jonathan Juges

Date 09 / 21 / 2012

Mailing Address 2326 E 111 Avenue

Amount 71.66
Transaction ID : D354797

City Tampa State FL Zip Code 33612

Purpose of Expenditure Salary Category/Type 001

Office Sought: House Senate President

Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 1662785.69

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee Jonathan Juges

Date 09 / 21 / 2012

Mailing Address 2326 E 111 Avenue

Amount 71.65
Transaction ID : D354798

City Tampa State FL Zip Code 33612

Purpose of Expenditure Salary Category/Type 001

Office Sought: House Senate President State: FL

Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 245586.48

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 143.31

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>2755 Azalea Court</b>		Amount <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">301.50</span>
City <b>Delray Beach</b>	State      Zip Code <b>FL              33445</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">001</span>	<b>Transaction ID : D354760</b> Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1662785.69</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>2755 Azalea Court</b>		Amount <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">301.50</span>
City <b>Delray Beach</b>	State      Zip Code <b>FL              33445</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">001</span>	<b>Transaction ID : D354761</b> Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">245586.48</span>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">603.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 2755 Azalea Court		Amount <span style="border: 1px solid black; padding: 2px;">6.41</span>
City Delray Beach	State FL	
Zip Code 33445	<b>Transaction ID : D354762</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Ortega</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 3732 Aldergate PL		Amount <span style="border: 1px solid black; padding: 2px;">258.81</span>
City Casselberry	State FL	
Zip Code 32707	<b>Transaction ID : D354775</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">265.22</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Ortega</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3732 Aldergate PL</b>		Amount <b>258.81</b>
City <b>Casselberry</b>	State <b>FL</b>	Zip Code <b>32707</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D354776</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>709 S D Street</b>		Amount <b>215.23</b>
City <b>Lake Worth</b>	State <b>FL</b>	Zip Code <b>33460</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D354785</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>474.04</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee <b>Darlene Marshall</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6175 Checkmate Ln		Amount <input type="text"/>
City Jacksonville	State FL	Zip Code 32244
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Transaction ID : <b>D354721</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Darlene Marshall</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6175 Checkmate Ln		Amount <input type="text"/>
City Jacksonville	State FL	Zip Code 32244
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Transaction ID : <b>D354722</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<input type="text"/> 461.96
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 18px; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Charles Obas</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 18px; padding: 0 5px;">09 / 21 / 2012</span> </div>		
Mailing Address    2544 Robert Trent Jones Drive Unit	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 18px;">150.64</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Orlando</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32835</td> </tr> </table>		City Orlando	State FL
City Orlando	State FL	Zip Code 32835	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 18px;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D354731**

Full Name (Last, First, Middle Initial) of Payee <b>Charles Obas</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 18px; padding: 0 5px;">09 / 21 / 2012</span> </div>		
Mailing Address    2544 Robert Trent Jones Drive Unit	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 18px;">150.64</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Orlando</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32835</td> </tr> </table>		City Orlando	State FL
City Orlando	State FL	Zip Code 32835	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 18px;">245586.48</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D354732**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 18px;">301.28</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 18px;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 18px;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Obas</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>6372 Raleigh Street Apt 1904</b>		Amount <b>190.22</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32835</b>	<b>Transaction ID : D354746</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Obas</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>6372 Raleigh Street Apt 1904</b>		Amount <b>190.22</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32835</b>	<b>Transaction ID : D354747</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>380.44</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Ophelia Somers</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2233 Adams Street Apt B</b>		Amount <b>313.38</b>
City <b>Hollywood</b>	State <b>FL</b>	
Zip Code <b>33020</b>	<b>Transaction ID : D354683</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Ophelia Somers</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2233 Adams Street Apt B</b>		Amount <b>32.99</b>
City <b>Hollywood</b>	State <b>FL</b>	
Zip Code <b>33020</b>	<b>Transaction ID : D354684</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>346.37</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>2326 E 111 Avenue</b>		Amount <span style="margin-left: 20px;">212.13</span>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33612</b>	<b>Transaction ID : D354700</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>2326 E 111 Avenue</b>		Amount <span style="margin-left: 20px;">212.13</span>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33612</b>	<b>Transaction ID : D354701</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">424.26</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Evon Hammond</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3137 Floral Way East</b>		Amount <b>150.64</b>
City <b>Apopka</b>	State <b>FL</b>	
Zip Code <b>32703</b>	<b>Transaction ID : D354711</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Evon Hammond</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3137 Floral Way East</b>		Amount <b>150.64</b>
City <b>Apopka</b>	State <b>FL</b>	
Zip Code <b>32703</b>	<b>Transaction ID : D354712</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>301.28</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">21</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">2012</span> </div>
Mailing Address <b>3259 Carambol Circle South</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6.71</div>
City <b>Coconut Creek</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>FL</u> <input type="checkbox"/> Senate    District: <u>18</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2749.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D354651**

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">21</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">2012</span> </div>
Mailing Address <b>7925 Merrill Road Apt 2807</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">390.09</div>
City <b>Jacksonville</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D354661**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">396.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed]    Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>
Mailing Address <b>7925 Merrill Road Apt 2807</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">390.09</div>
City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32277</b>	<b>Transaction ID : D354662</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Juan Rodriguez</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>
Mailing Address <b>3415 W Hillsborough Ave #726</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">399.23</div>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33614</b>	<b>Transaction ID : D354672</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">789.32</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed]      Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Juan Rodriguez
Mailing Address 3415 W Hillsborough Ave #726
City Tampa State FL Zip Code 33614
Amount 399.22
Transaction ID : D354673
Purpose of Expenditure Salary Category/Type 001
Office Sought: Senate District:
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON
Disbursement For: Primary General Other (specify)
Calendar Year-To-Date Per Election for Office Sought 245586.48

Full Name (Last, First, Middle Initial) of Payee
Ophelia Somers
Mailing Address 2233 Adams Street Apt B
City Hollywood State FL Zip Code 33020
Amount 313.38
Transaction ID : D354682
Purpose of Expenditure Salary Category/Type 001
Office Sought: President District:
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA
Disbursement For: Primary General Other (specify)
Calendar Year-To-Date Per Election for Office Sought 1662785.69

(a) SUBTOTAL of Itemized Independent Expenditures 712.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature Gihan Perera [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Jorge Lopez</b>		Date MM / DD / YYYY 09 / 21 / 2012
Mailing Address 1714 E Mulberry Drive		Amount 359.37
City Tampa	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : <b>D354622</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date MM / DD / YYYY 09 / 21 / 2012
Mailing Address 1852 SE Carvalho Street		Amount 301.50
City Port St. Lucie	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : <b>D354633</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	660.87
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date 09 / 21 / 2012
Mailing Address 1852 SE Carvalho Street		Amount 301.50
City Port St. Lucie	State FL	
Purpose of Expenditure Salary	Category/ Type 001	<b>Transaction ID : D354634</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 245586.48		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date 09 / 21 / 2012
Mailing Address 1852 SE Carvalho Street		Amount 6.41
City Port St. Lucie	State FL	
Purpose of Expenditure Salary	Category/ Type 001	<b>Transaction ID : D354635</b>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2749.68		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	307.91
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>3259 Carambol Circle South</b>		Amount <span style="margin-left: 20px;">315.51</span>
City <b>Coconut Creek</b>	State <b>FL</b>	
Zip Code <b>33066</b>	<b>Transaction ID : D354649</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>3259 Carambol Circle South</b>		Amount <span style="margin-left: 20px;">315.51</span>
City <b>Coconut Creek</b>	State <b>FL</b>	
Zip Code <b>33066</b>	<b>Transaction ID : D354650</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">631.02</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Gloria Clowney</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>
Mailing Address <b>971 Foxfire TRL</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">304.70</span> </div>
City <b>Oviedo</b> State <b>FL</b> Zip Code <b>32765</b>	<b>Transaction ID : D354592</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>
Mailing Address <b>1714 E Mulberry Drive</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">341.13</span> </div>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33604</b>	<b>Transaction ID : D354601</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">645.83</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1714 E Mulberry Drive</b>		Amount <b>341.12</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33604</b>	<b>Transaction ID : D354602</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Brandon Llewellyn</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>769 Trey Court</b>		Amount <b>304.70</b>
City <b>Apopka</b>	State <b>FL</b>	
Zip Code <b>32712</b>	<b>Transaction ID : D354611</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>645.82</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Brandon Llewellyn</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>769 Trey Court</b>		Amount <b>304.70</b>
City <b>Apopka</b>	State <b>FL</b>	
Zip Code <b>32712</b>	<b>Transaction ID : D354612</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Jorge Lopez</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1714 E Mulberry Drive</b>		Amount <b>359.37</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33604</b>	<b>Transaction ID : D354621</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>664.07</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>					
Mailing Address <b>4231 NW 11 PL</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">370.59</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33127</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33127				
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

**Transaction ID : D354567**

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>					
Mailing Address <b>4231 NW 11 PL</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">370.59</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33127</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33127				
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

**Transaction ID : D354568**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">741.18</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y

02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00521013                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>                      09 / 21 / 2012                 </div>
Mailing Address 4231 NW 11 PL		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.00</div>
City State Zip Code Miami FL 33127		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5002.41</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D354569**

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>                      09 / 21 / 2012                 </div>
Mailing Address 18 Catalina drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">379.26</div>
City State Zip Code DeBary FL 32713		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D354579**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">418.26</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed] Date 

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 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date MM / DD / YYYY 09 / 21 / 2012
Mailing Address 18 Catalina drive		Amount 379.26
City DeBary	State FL	Zip Code 32713
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D354580

Full Name (Last, First, Middle Initial) of Payee <b>Gloria Clowney</b>		Date MM / DD / YYYY 09 / 21 / 2012
Mailing Address 971 Foxfire TRL		Amount 304.70
City Oviedo	State FL	Zip Code 32765
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D354591

(a) SUBTOTAL of Itemized Independent Expenditures.....	683.96
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Devin Coleman
Mailing Address 736 Odessa Street
City Jacksonville State FL Zip Code 32206
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69

Date 09 / 21 / 2012
Amount 206.96
Transaction ID : D353954
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee Devin Coleman
Mailing Address 736 Odessa Street
City Jacksonville State FL Zip Code 32206
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Calendar Year-To-Date Per Election for Office Sought 245586.48

Date 09 / 21 / 2012
Amount 206.96
Transaction ID : D353957
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 413.92
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marisol Marquez</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 304 E Chelsea Street		Amount <span style="margin-left: 20px;">329.88</span>
City Tampa	State FL	
Zip Code 33603	<b>Transaction ID : D354547</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marisol Marquez</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 304 E Chelsea Street		Amount <span style="margin-left: 20px;">329.87</span>
City Tampa	State FL	
Zip Code 33603	<b>Transaction ID : D354548</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">659.75</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00521013</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>	
Mailing Address <b>3740 Drew Street</b>		Amount <b>329.88</b>	
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32207</b>	Transaction ID : <b>D354557</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>	
Mailing Address <b>3740 Drew Street</b>		Amount <b>329.87</b>	
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32207</b>	Transaction ID : <b>D354558</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>659.75</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Troy Squire</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1356 W 32 Street</b>		Amount <b>179.40</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32209</b>	<b>Transaction ID : D353934</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Velma Rounsville</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3238 Sedona Trail</b>		Amount <b>115.82</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32208</b>	<b>Transaction ID : D353936</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>295.22</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00521013       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Velma Rounsville</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 21 / 2012</div>
Mailing Address 3238 Sedona Trail		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">115.82</div>
City Jacksonville	State FL	
Zip Code 32208	<b>Transaction ID : D353938</b>	
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">245586.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 21 / 2012</div>
Mailing Address 414 Lincoln Rd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">252.06</div>
City Cocoa	State FL	
Zip Code 32926	<b>Transaction ID : D353941</b>	
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1662785.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">367.88</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date

MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">21</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">2012</span> </div>						
Mailing Address 414 Lincoln Rd.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">252.06</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black;">           Purpose of Expenditure            Salary         </td> <td style="width:15%; border-bottom: 1px solid black;">           Category/ Type         </td> <td style="width:40%; border-bottom: 1px solid black;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div> </td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">           Name of Federal Candidate Supported or Opposed by Expenditure:            BILL NELSON         </td> </tr> </table>	Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>					
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">245586.48</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">21</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">2012</span> </div>						
Mailing Address 414 Lincoln Rd.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">5.36</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black;">           Purpose of Expenditure            Salary         </td> <td style="width:15%; border-bottom: 1px solid black;">           Category/ Type         </td> <td style="width:40%; border-bottom: 1px solid black;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div> </td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">           Name of Federal Candidate Supported or Opposed by Expenditure:            PATRICK MURPHY         </td> </tr> </table>	Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY			Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>					
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">2749.68</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">257.42</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Stephen Radcliff</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>6753 Ralston Beach Circle</b>		Amount <span style="margin-left: 20px;">233.43</span>
City <b>Tampa</b>	State      Zip Code <b>FL              33614</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353912</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Stephen Radcliff</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>6753 Ralston Beach Circle</b>		Amount <span style="margin-left: 20px;">233.43</span>
City <b>Tampa</b>	State      Zip Code <b>FL              33614</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353915</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">466.86</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 1638 Bresee Road		Amount <span style="border: 1px solid black; padding: 2px;">226.42</span>
City West Palm Beach	State Zip Code FL 33415	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353918</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 1638 Bresee Road		Amount <span style="border: 1px solid black; padding: 2px;">226.42</span>
City West Palm Beach	State Zip Code FL 33415	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353921</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">452.84</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1638 Bresee Road</b>		Amount <b>4.82</b>
City <b>West Palm Beach</b>	State      Zip Code <b>FL              33415</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353924</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>18</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Troy Squire</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1356 W 32 Street</b>		Amount <b>179.40</b>
City <b>Jacksonville</b>	State      Zip Code <b>FL              32209</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353931</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>184.22</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>8820 Fontainebleau Blvd Apt 206</b>		Amount <b>15.57</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33172</b>	<b>Transaction ID : D353890</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>8820 Fontainebleau Blvd Apt 206</b>		Amount <b>147.89</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33172</b>	<b>Transaction ID : D353893</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>163.46</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY 09 / 21 / 2012
Mailing Address 8820 Fontainebleau Blvd Apt 206		Amount 147.89
City Miami	State FL	Zip Code 33172
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D353896

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date MM / DD / YYYY 09 / 21 / 2012
Mailing Address 4330 Village Drive #B		Amount 242.45
City Delray	State FL	Zip Code 33445
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D353899

(a) SUBTOTAL of Itemized Independent Expenditures.....	390.34
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

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*Gihan Perera*  
Signature  
[Electronically Filed] Date MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black;">C</span> C00521013                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      09 / 21 / 2012                 </div>
Mailing Address 4330 Village Drive #B	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     242.45                 </div>
City State Zip Code Delray FL 33445	<b>Transaction ID : D353902</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      09 / 21 / 2012                 </div>
Mailing Address 4330 Village Drive #B	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     5.16                 </div>
City State Zip Code Delray FL 33445	<b>Transaction ID : D353905</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 247.61             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>2352 Z Terrace</b>		Amount <span style="margin-left: 20px;">235.77</span>
City <b>Riviera Beach</b>	State      Zip Code <b>FL              33404</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353868</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>2352 Z Terrace</b>		Amount <span style="margin-left: 20px;">235.77</span>
City <b>Riviera Beach</b>	State      Zip Code <b>FL              33404</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353871</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">471.54</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 2352 Z Terrace		Amount <span style="border: 1px solid black; padding: 2px;">5.02</span>
City Riviera Beach	State      Zip Code FL            33404	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353874</b>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House      State: FL <input type="checkbox"/> Senate      District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 21 / 2012
Mailing Address PO Box 380265		Amount <span style="border: 1px solid black; padding: 2px;">23.84</span>
City Miami	State      Zip Code FL            33238	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353881</b>
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House      State: FL <input type="checkbox"/> Senate      District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5002.41</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">28.86</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      *[Electronically Filed]*      Date M M / D D / Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>PO Box 380265</b>		Amount <b>226.52</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33238</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353884</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>PO Box 380265</b>		Amount <b>226.52</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33238</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353887</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>453.04</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name (Last, First, Middle Initial) of Payee  
**Muslim Ali**

Date  
MM / DD / YYYY  
**09 / 21 / 2012**

Mailing Address **6513 Yellow Hammer Ave**

Amount  
**275.97**

Transaction ID : **D353846**

City State Zip Code  
**Tampa FL 33025**

Purpose of Expenditure Category/Type  
**Salary 001**

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BARACK OBAMA**

Calendar Year-To-Date Per Election for Office Sought  
**1662785.69**

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
**Muslim Ali**

Date  
MM / DD / YYYY  
**09 / 21 / 2012**

Mailing Address **6513 Yellow Hammer Ave**

Amount  
**275.97**

Transaction ID : **D353849**

City State Zip Code  
**Tampa FL 33025**

Purpose of Expenditure Category/Type  
**Salary 001**

Office Sought:  House  Senate  President  
State: **FL** District: \_\_\_\_\_  
Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BILL NELSON**

Calendar Year-To-Date Per Election for Office Sought  
**245586.48**

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>551.94</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Orlando Reyes</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 5807 Ricker Road		Amount <b>239.39</b>
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	<b>Transaction ID : D353852</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Orlando Reyes</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 5807 Ricker Road		Amount <b>239.38</b>
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	<b>Transaction ID : D353856</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>478.77</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 4214 Pershing Pointe Place #3		Amount <b>241.92</b>
City Orlando	State FL	
Zip Code 32822	<b>Transaction ID : D353858</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 4214 Pershing Pointe Place #3		Amount <b>241.92</b>
City Orlando	State FL	
Zip Code 32822	<b>Transaction ID : D353861</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>483.84</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date 09 / 21 / 2012	
Mailing Address 2131 NE Miami Gardens Drive		Amount 245.16	
City North Miami Beach	State FL	Zip Code 33179	Transaction ID : D353828
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date 09 / 21 / 2012	
Mailing Address 2131 NE Miami Gardens Drive		Amount 25.80	
City North Miami Beach	State FL	Zip Code 33179	Transaction ID : D353831
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5002.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	270.96
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marilyn Carter</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address 1320 W 11 St		Amount <span style="border: 1px solid black; padding: 2px;">206.18</span>
City Jacksonville	State FL	
Zip Code 32209	<b>Transaction ID : D353834</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Marilyn Carter</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address 1320 W 11 St		Amount <span style="border: 1px solid black; padding: 2px;">206.17</span>
City Jacksonville	State FL	
Zip Code 32209	<b>Transaction ID : D353837</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">412.35</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y  
**02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marta Marcano</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 420 E Galvez Lane Apt 206		Amount <b>159.22</b>
City Ponte Vedra	State FL	
Zip Code 32081	<b>Transaction ID : D353840</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marta Marcano</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 420 E Galvez Lane Apt 206		Amount <b>159.21</b>
City Ponte Vedra	State FL	
Zip Code 32081	<b>Transaction ID : D353843</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>318.43</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2121 SW 2 Street Apt 7</b>		Amount <b>147.82</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353810</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2121 SW 2 Street Apt 7</b>		Amount <b>147.82</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353813</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>295.64</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 12641 Sw 35 Street		Amount <b>229.79</b>
City Miami	State FL	
Zip Code 33175	<b>Transaction ID : D353816</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 12641 Sw 35 Street		Amount <b>229.79</b>
City Miami	State FL	
Zip Code 33175	<b>Transaction ID : D353819</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>459.58</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>12641 Sw 35 Street</b>		Amount <b>24.19</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33175</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353822</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>26</b>
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2131 NE Miami Gardens Drive</b>		Amount <b>245.16</b>
City <b>North Miami Beach</b>	State <b>FL</b>	Zip Code <b>33179</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353825</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>269.35</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <b>220.87</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353792</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <b>220.87</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353795</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>441.74</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <b>23.24</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353798</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5 5 5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Mable Smith</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>4203 Arch</b>		Amount <b>255.82</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33607</b>	<b>Transaction ID : D353801</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5 5 1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>279.06</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Mable Smith</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2012</b>	
Mailing Address <b>4203 Arch</b>		Amount <b>255.82</b>	
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33607</b>	<b>Transaction ID : D353804</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2012</b>	
Mailing Address <b>2121 SW 2 Street Apt 7</b>		Amount <b>15.55</b>	
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33135</b>	<b>Transaction ID : D353807</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>26</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>271.37</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Lawrence Cuervo</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 15705 Miami Lakeway N		Amount <b>17.09</b>
City Miami Lakes	State FL	
Zip Code 33014	<b>Transaction ID : D353771</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>FL</u> <input type="checkbox"/> Senate    District: <u>26</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5 5 5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 11305 Spining Reel		Amount <b>229.79</b>
City Orlando	State FL	
Zip Code 32852	<b>Transaction ID : D353773</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5 5 1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>246.88</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09 / 21 / 2012</span> </div>
Mailing Address 11305 Spining Reel		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">229.79</span> </div>
City State Zip Code Orlando FL 32852		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D353776**

Full Name (Last, First, Middle Initial) of Payee <b>Louikens Toussaint</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09 / 21 / 2012</span> </div>
Mailing Address 429 NW 84 Terrace		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">240.18</span> </div>
City State Zip Code Miami FL 33150		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D353783**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">469.97</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<table border="1" style="display:inline-table; width:60px">M M M</table> / <table border="1" style="display:inline-table; width:60px">D D D</table> / <table border="1" style="display:inline-table; width:120px">Y Y Y Y Y Y Y Y</table>

Full Name (Last, First, Middle Initial) of Payee <b>Louikens Toussaint</b>		Date <table border="1" style="display:inline-table; width:60px">M M</table> / <table border="1" style="display:inline-table; width:60px">D D</table> / <table border="1" style="display:inline-table; width:120px">Y Y Y Y Y Y Y Y</table>
Mailing Address <b>429 NW 84 Terrace</b>		Amount <table border="1" style="display:inline-table; width:200px">240.18</table>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33150</b>		<b>Transaction ID : D353786</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <table border="1" style="display:inline-table; width:60px">001</table>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:200px">245586.48</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ 2012

Full Name (Last, First, Middle Initial) of Payee <b>Louikens Toussaint</b>		Date <table border="1" style="display:inline-table; width:60px">M M</table> / <table border="1" style="display:inline-table; width:60px">D D</table> / <table border="1" style="display:inline-table; width:120px">Y Y Y Y Y Y Y Y</table>
Mailing Address <b>429 NW 84 Terrace</b>		Amount <table border="1" style="display:inline-table; width:200px">25.29</table>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33150</b>		<b>Transaction ID : D353789</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <table border="1" style="display:inline-table; width:60px">001</table>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>26</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:200px">5002.41</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ 2012

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<table border="1" style="display:inline-table; width:200px">265.47</table>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<table border="1" style="display:inline-table; width:200px"> </table>
<b>(c) TOTAL</b> Independent Expenditures.....	<table border="1" style="display:inline-table; width:200px"> </table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ Date 



 / 



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[Electronically Filed]
Date 



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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Keanna Hall</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 10862 Natalie Dr		Amount <b>202.26</b>
City Jacksonville	State FL	
Zip Code 32218	<b>Transaction ID : D353754</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address 1341 NE 143 Street		Amount <b>24.69</b>
City Miami	State FL	
Zip Code 33161	<b>Transaction ID : D353757</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>FL</u> <input type="checkbox"/> Senate    District: <u>26</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>226.95</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>1341 NE 143 Street</b>		Amount <span style="margin-left: 20px;">234.55</span>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D353760</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>1341 NE 143 Street</b>		Amount <span style="margin-left: 20px;">234.55</span>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D353764</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">469.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name (Last, First, Middle Initial) of Payee <b>Lawrence Cuervo</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>15705 Miami Lakeway N</b>		Amount <input type="text"/>
City <b>Miami Lakes</b>	State <b>FL</b>	Zip Code <b>33014</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353767</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>
		2012 <input type="text"/> 1662785.69

Full Name (Last, First, Middle Initial) of Payee <b>Lawrence Cuervo</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>15705 Miami Lakeway N</b>		Amount <input type="text"/>
City <b>Miami Lakes</b>	State <b>FL</b>	Zip Code <b>33014</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353769</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>
		2012 <input type="text"/> 245586.48

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>	324.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>	
(c) TOTAL Independent Expenditures.....	<input type="text"/>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date  /  /

02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Justin Conner Jones</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2115 River Tree Circle</b>		Amount <b>229.79</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32839</b>	<b>Transaction ID : D353698</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Justin Conner Jones</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2115 River Tree Circle</b>		Amount <b>229.79</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32839</b>	<b>Transaction ID : D353701</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>459.58</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address 1834 SE Aneci Street		Amount <span style="margin-left: 20px;">266.07</span>
City Port Saint Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D353708</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address 1834 SE Aneci Street		Amount <span style="margin-left: 20px;">266.07</span>
City Port Saint Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D353711</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">532.14</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1834 SE Aneci Street</b>		Amount <b>5.66</b>
City <b>Port Saint Lucie</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353714</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Keanna Hall</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>10862 Natalie Dr</b>		Amount <b>202.27</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353751</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>207.93</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Johann Joseph</b>	Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>2131 NE Miami Gardens Drive</b>	Amount <span style="border: 1px solid black; padding: 2px;">26.32</span>
City <b>North Miami Beach</b> State <b>FL</b> Zip Code <b>33179</b>	
<b>Transaction ID : D353672</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b> <input type="checkbox"/> Senate District: <b>26</b> <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5002.41</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>	Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>2812 Genessee Ave</b>	Amount <span style="border: 1px solid black; padding: 2px;">224.28</span>
City <b>West Palm Beach</b> State <b>FL</b> Zip Code <b>33409</b>	
<b>Transaction ID : D353676</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">250.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>	Date 09 / 21 / 2012
Mailing Address 2812 Genessee Ave	Amount 224.28
City: West Palm Beach   State: FL   Zip Code: 33409	
Purpose of Expenditure: Salary	Category/Type: 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	Office Sought: <input type="checkbox"/> House   State: FL <input checked="" type="checkbox"/> Senate   District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought: 245586.48	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

**Transaction ID : D353679**

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>	Date 09 / 21 / 2012
Mailing Address 2812 Genessee Ave	Amount 4.77
City: West Palm Beach   State: FL   Zip Code: 33409	
Purpose of Expenditure: Salary	Category/Type: 001
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY	Office Sought: <input checked="" type="checkbox"/> House   State: FL <input type="checkbox"/> Senate   District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought: 2749.68	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

**Transaction ID : D353682**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	229.05
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera      *[Electronically Filed]*      Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee  
**Jonathan Romero**

Mailing Address 1101 Arboleda Court

City Tampa State FL Zip Code 33664

Purpose of Expenditure Salary Category/Type 001

Name of Federal Candidate Supported or Opposed by Expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 1662785.69

Date 09 / 21 / 2012

Amount 255.82

Transaction ID : D353689

Office Sought:  House  Senate  President State: District:

Check One:  Support  Oppose

Disbursement For:  Primary  General 2012  Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
**Jonathan Romero**

Mailing Address 1101 Arboleda Court

City Tampa State FL Zip Code 33664

Purpose of Expenditure Salary Category/Type 001

Name of Federal Candidate Supported or Opposed by Expenditure:  
BILL NELSON

Calendar Year-To-Date Per Election for Office Sought 245586.48

Date 09 / 21 / 2012

Amount 255.82

Transaction ID : D353692

Office Sought:  House  Senate  President State: FL District:

Check One:  Support  Oppose

Disbursement For:  Primary  General 2012  Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	511.64
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera  
Signature

[Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Gabriela Ortega</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3732 Aldergate Pl.</b>		Amount <b>229.79</b>
City <b>Casselberry</b>	State <b>FL</b>	
Zip Code <b>32707</b>	<b>Transaction ID : D353643</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1222 NW 58 ST</b>		Amount <b>220.87</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33142</b>	<b>Transaction ID : D353653</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>450.66</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1222 NW 58 ST</b>		Amount <b>220.87</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33142</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353656</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1222 NW 58 ST</b>		Amount <b>23.24</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33142</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353659</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>244.11</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Johann Joseph
Date 09/21/2012
Mailing Address 2131 NE Miami Gardens Drive
City North Miami Beach State FL Zip Code 33179
Amount 250.13
Transaction ID : D353664
Purpose of Expenditure Salary Category/Type 001
Office Sought: Senate District:
Check One: X Support O Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA
Disbursement For: 2012 Primary General X Other (specify)
Calendar Year-To-Date Per Election for Office Sought 1662785.69

Full Name (Last, First, Middle Initial) of Payee
Johann Joseph
Date 09/21/2012
Mailing Address 2131 NE Miami Gardens Drive
City North Miami Beach State FL Zip Code 33179
Amount 250.13
Transaction ID : D353668
Purpose of Expenditure Salary Category/Type 001
Office Sought: Senate District:
Check One: X Support O Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON
Disbursement For: 2012 Primary General X Other (specify)
Calendar Year-To-Date Per Election for Office Sought 245586.48

(a) SUBTOTAL of Itemized Independent Expenditures..... 500.26
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
[Electronically Filed]
Date 02/14/2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Eric Pagan</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 290 Augustine Ct.		Amount <span style="border: 1px solid black; padding: 2px;">224.59</span>
City Oviedo	State FL	
Zip Code 32765	<b>Transaction ID : D353615</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Eric Pagan</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 290 Augustine Ct.		Amount <span style="border: 1px solid black; padding: 2px;">224.59</span>
City Oviedo	State FL	
Zip Code 32765	<b>Transaction ID : D353618</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">449.18</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>	Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 3414 34th Way	Amount <span style="margin-left: 20px;">235.77</span>
City State Zip Code West Palm Beach FL 33407	
Purpose of Expenditure Salary	Category/Type <span style="margin-left: 20px;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

**Transaction ID : D353624**

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>	Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 3414 34th Way	Amount <span style="margin-left: 20px;">235.77</span>
City State Zip Code West Palm Beach FL 33407	
Purpose of Expenditure Salary	Category/Type <span style="margin-left: 20px;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

**Transaction ID : D353629**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">471.54</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Frankisha Walker
Mailing Address 3414 34th Way
City West Palm Beach State FL Zip Code 33407
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY
Calendar Year-To-Date Per Election for Office Sought 2749.68
Disbursement For: 2012 Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee Gabriela Ortega
Mailing Address 3732 Aldergate Pl.
City Casselberry State FL Zip Code 32707
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: 2012 Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 234.81
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Diego Renteria</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>430 Green Spring Circle</b>		Amount <span style="margin-left: 20px;">261.68</span>
City <b>Winter Springs</b>	State      Zip Code <b>FL              32708</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353426</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address <b>12303 Bohannon Blvd</b>		Amount <span style="margin-left: 20px;">260.42</span>
City <b>Orlando</b>	State      Zip Code <b>FL              32824</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353593</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">522.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address 12303 Bohannon Blvd		Amount <span style="margin-left: 20px;">260.42</span>
City Orlando	State FL	
Zip Code 32824	<b>Transaction ID : D353596</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 21 / 2012</b>
Mailing Address 12303 Bohannon Blvd		Amount <span style="margin-left: 20px;">5.54</span>
City Orlando	State FL	
Zip Code 32824	<b>Transaction ID : D353599</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>FL</u> <input type="checkbox"/> Senate    District: <u>18</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">2749.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">265.96</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Ellis White</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">21</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>		
Mailing Address 5571 Longspur Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">176.42</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Jacksonville</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32219</td> </tr> </table>		City Jacksonville	State FL
City Jacksonville	State FL	Zip Code 32219	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-size: 0.8em;">001</span>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353609**

Full Name (Last, First, Middle Initial) of Payee <b>Ellis White</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">21</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>		
Mailing Address 5571 Longspur Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">176.42</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Jacksonville</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32219</td> </tr> </table>		City Jacksonville	State FL
City Jacksonville	State FL	Zip Code 32219	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-size: 0.8em;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353612**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">352.84</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed]    Date 

02 / 
 14 / 
 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Charles Jefferson</b>		Date MM / DD / YYYY 09 / 21 / 2012
Mailing Address 8515 River Drive		Amount 266.78
City Tampa	State FL    Zip Code 33615	
Purpose of Expenditure Salary	Category/Type 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Corey Willborn</b>		Date MM / DD / YYYY 09 / 21 / 2012
Mailing Address 421 W Church Street Apt 716		Amount 329.88
City Jacksonville	State FL    Zip Code 32202	
Purpose of Expenditure Salary	Category/Type 001	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	596.66
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera      [Electronically Filed]      Date MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Corey Willborn</b>		Date 09 / 21 / 2012
Mailing Address 421 W Church Street Apt 716		Amount 329.87
City Jacksonville	State FL	Zip Code 32202
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

**Transaction ID : D353409**

Full Name (Last, First, Middle Initial) of Payee <b>Damon Taylor</b>		Date 09 / 21 / 2012
Mailing Address 10 Eaton Street		Amount 203.19
City Eatonville	State FL	Zip Code 32751
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

**Transaction ID : D353413**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	533.06
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Damon Taylor
Mailing Address 10 Eaton Street
City Eatonville State FL Zip Code 32751

Date 09 / 21 / 2012
Amount 203.19
Transaction ID : D353416

Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Calendar Year-To-Date Per Election for Office Sought 245586.48

Office Sought: Senate
Check One: Support
Disbursement For: General

Full Name (Last, First, Middle Initial) of Payee Diego Renteria
Mailing Address 430 Green Spring Circle
City Winter Springs State FL Zip Code 32708

Date 09 / 21 / 2012
Amount 261.68
Transaction ID : D353423

Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69

Office Sought: President
Check One: Support
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 464.87
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Cameron Starkes</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 3919 Robert C Weaver Drive		Amount <span style="border: 1px solid black; padding: 2px;">194.74</span>
City Jacksonville	State FL Zip Code 32208	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353373</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Carol Brown</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 3909 LaSalle Street		Amount <span style="border: 1px solid black; padding: 2px;">244.87</span>
City Tampa	State FL Zip Code 33607	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353376</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">439.61</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Carol Brown</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3909 LaSalle Street</b>		Amount <b>244.86</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33607</b>	<b>Transaction ID : D353379</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Cartine Obas</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2544 Robert Trent Jones Drive Unit</b>		Amount <b>229.80</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32835</b>	<b>Transaction ID : D353382</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>474.66</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Cartine Obas</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>2544 Robert Trent Jones Drive Unit</b>		Amount <b>229.80</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32835</b>	<b>Transaction ID : D353387</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Charles Jefferson</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>8515 River Drive</b>		Amount <b>266.78</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33615</b>	<b>Transaction ID : D353398</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>496.58</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Alissah Depiro</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3721 Mission Court</b>		Amount <b>162.02</b>
City <b>Largo</b>	State <b>FL</b>	
Zip Code <b>33771</b>	<b>Transaction ID : D353347</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Antrenic Williams</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3070 Malcolm Drive</b>		Amount <b>253.89</b>
City <b>Deltona</b>	State <b>FL</b>	
Zip Code <b>32738</b>	<b>Transaction ID : D353350</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>415.91</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Antrenic Williams
Mailing Address 3070 Malcolm Drive
City Deltona State FL Zip Code 32738
Amount 253.89
Transaction ID : D353353
Purpose of Expenditure Salary Category/Type 001
Office Sought: Senate District:
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Calendar Year-To-Date Per Election for Office Sought 245586.48
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee Audeliz Sanchez
Mailing Address 3104 Orchard Place
City Kissimmee State FL Zip Code 34743
Amount 241.92
Transaction ID : D353362
Purpose of Expenditure Salary Category/Type 001
Office Sought: President District:
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 495.81
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name (Last, First, Middle Initial) of Payee <b>Audeliz Sanchez</b>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3104 Orchard Place	Amount <input type="text"/>
City State Zip Code Kissimmee FL 34743	Transaction ID : <b>D353363</b>
Purpose of Expenditure Salary	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Category/Type <input type="text"/> 001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48	2012

Full Name (Last, First, Middle Initial) of Payee <b>Cameron Starkes</b>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3919 Robert C Weaver Drive	Amount <input type="text"/>
City State Zip Code Jacksonville FL 32208	Transaction ID : <b>D353370</b>
Purpose of Expenditure Salary	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Category/Type <input type="text"/> 001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69	2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/> 436.67
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera  
Signature

[Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Adil McCoy</b>	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">09 / 21 / 2012</span> </div>		
Mailing Address 530 Fallen Timbers	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">133.28</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Orange Park</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32073</td> </tr> </table>		City Orange Park	State FL
City Orange Park	State FL	Zip Code 32073	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353325**

Full Name (Last, First, Middle Initial) of Payee <b>Adil McCoy</b>	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">09 / 21 / 2012</span> </div>		
Mailing Address 530 Fallen Timbers	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">133.28</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Orange Park</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32073</td> </tr> </table>		City Orange Park	State FL
City Orange Park	State FL	Zip Code 32073	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">001</span>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353328**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">266.56</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y

02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 6492 Emerald Dunes Drive # 305		Amount <span style="border: 1px solid black; padding: 2px;">240.92</span>
City West Palm Beach	State FL	
Zip Code 33411	<b>Transaction ID : D353331</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 6492 Emerald Dunes Drive # 305		Amount <span style="border: 1px solid black; padding: 2px;">240.92</span>
City West Palm Beach	State FL	
Zip Code 33411	<b>Transaction ID : D353334</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">481.84</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>6492 Emerald Dunes Drive # 305</b>		Amount <b>5.13</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33411</b>	<b>Transaction ID : D353337</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Alissah Depiro</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3721 Mission Court</b>		Amount <b>162.02</b>
City <b>Largo</b>	State <b>FL</b>	
Zip Code <b>33771</b>	<b>Transaction ID : D353344</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>167.15</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 709 S D Street		Amount <span style="border: 1px solid black; padding: 2px;">142.50</span>
City Lake Worth	State Zip Code FL 33460	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354782</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 709 S D Street		Amount <span style="border: 1px solid black; padding: 2px;">3.03</span>
City Lake Worth	State Zip Code FL 33460	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354783</b>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">145.53</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Walgreens
Mailing Address 9020 Biscayne Blvd.
City Miami State FL Zip Code 33138
Purpose of Expenditure Pre-Paid Debit Cards-Snacks for Campaign Offices
Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Amount 1253.73
Transaction ID : D338888
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee Walgreens
Mailing Address 9020 Biscayne Blvd.
City Miami State FL Zip Code 33138
Purpose of Expenditure Pre-Paid Debit Cards-Snacks for Campaign Offices
Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Amount 1253.73
Transaction ID : D334970
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 2507.46
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Gihan Perera Date: 02 / 14 / 2013 [Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee <b>Walgreens</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 9020 Biscayne Blvd.		Amount <input type="text"/>	
City Miami	State FL	Zip Code 33138	Transaction ID : <b>D354971</b>
Purpose of Expenditure Pre-Paid Debit Cards-Snacks for Campaign Offices	Category/Type <input type="text"/> 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5002.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Walgreens</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 9020 Biscayne Blvd.		Amount <input type="text"/>	
City Miami	State FL	Zip Code 33138	Transaction ID : <b>D354972</b>
Purpose of Expenditure Pre-Paid Debit Cards-Snacks for Campaign Offices	Category/Type <input type="text"/> 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2749.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 77.54
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address <b>2755 Azalea Court</b>		Amount <span style="margin-left: 20px;">301.50</span>
City <b>Delray Beach</b>	State <b>FL</b>	
Zip Code <b>33445</b>	<b>Transaction ID : D354756</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address <b>2755 Azalea Court</b>		Amount <span style="margin-left: 20px;">301.50</span>
City <b>Delray Beach</b>	State <b>FL</b>	
Zip Code <b>33445</b>	<b>Transaction ID : D354757</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">603.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2012</b>	
Mailing Address <b>2755 Azalea Court</b>		Amount <b>6.41</b>	
City <b>Delray Beach</b>	State <b>FL</b>	Zip Code <b>33445</b>	<b>Transaction ID : D354758</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>18</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		2012	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Ortega</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2012</b>	
Mailing Address <b>3732 Aldergate PL</b>		Amount <b>215.12</b>	
City <b>Casselberry</b>	State <b>FL</b>	Zip Code <b>32707</b>	<b>Transaction ID : D354772</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		2012	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>221.53</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Ortega</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 3732 Aldergate PL		Amount <span style="border: 1px solid black; padding: 2px;">215.12</span>
City Casselberry	State      Zip Code FL              32707	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354773</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House      State: FL <input checked="" type="checkbox"/> Senate      District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 709 S D Street		Amount <span style="border: 1px solid black; padding: 2px;">142.50</span>
City Lake Worth	State      Zip Code FL              33460	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354781</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House      State: <input checked="" type="checkbox"/> Senate      District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">357.62</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Charles Obas</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount <span style="margin-left: 20px;">26.89</span>
City Orlando	State FL	
Zip Code 32835	<b>Transaction ID : D354728</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Charles Obas</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount <span style="margin-left: 20px;">26.89</span>
City Orlando	State FL	
Zip Code 32835	<b>Transaction ID : D354729</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">53.78</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed]    Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Obas</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>6372 Raleigh Street Apt 1904</b>		Amount <b>195.87</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32835</b>	<b>Transaction ID : D354740</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Obas</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>6372 Raleigh Street Apt 1904</b>		Amount <b>195.87</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32835</b>	<b>Transaction ID : D354741</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>391.74</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00521013                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Obas</b>	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                      09 / 14 / 2012                 </div>
Mailing Address 6372 Raleigh Street Apt 1904	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     229.79                 </div>
City State Zip Code Orlando FL 32835	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     1662785.69                 </div>

**Transaction ID : D354743**

Office Sought:  House    State: \_\_\_\_\_  
 Senate    District: \_\_\_\_\_  
 President  
 Check One:  Support     Oppose

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Obas</b>	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                      09 / 14 / 2012                 </div>
Mailing Address 6372 Raleigh Street Apt 1904	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     229.79                 </div>
City State Zip Code Orlando FL 32835	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     245586.48                 </div>

**Transaction ID : D354744**

Office Sought:  House    State: FL  
 Senate    District: \_\_\_\_\_  
 President  
 Check One:  Support     Oppose

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     459.58                 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     _____                 </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     _____                 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2326 E 111 Avenue		Amount <span style="border: 1px solid black; padding: 2px;">173.44</span>
City Tampa	State FL Zip Code 33612	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354698</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2326 E 111 Avenue		Amount <span style="border: 1px solid black; padding: 2px;">173.45</span>
City Tampa	State FL Zip Code 33612	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354699</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">346.89</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Evon Hammond</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address <b>3137 Floral Way East</b>		Amount <span style="margin-left: 20px;">153.47</span>
City <b>Apopka</b>	State      Zip Code <b>FL              32703</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D354708</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Evon Hammond</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address <b>3137 Floral Way East</b>		Amount <span style="margin-left: 20px;">153.47</span>
City <b>Apopka</b>	State      Zip Code <b>FL              32703</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D354709</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">306.94</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Darlene Marshall</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 6175 Checkmate Ln		Amount <span style="border: 1px solid black; padding: 2px;">230.97</span>
City Jacksonville	State FL	
Zip Code 32244	<b>Transaction ID : D354719</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Darlene Marshall</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 6175 Checkmate Ln		Amount <span style="border: 1px solid black; padding: 2px;">230.98</span>
City Jacksonville	State FL	
Zip Code 32244	<b>Transaction ID : D354720</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">461.95</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Ophelia Somers</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2233 Adams Street Apt B		Amount <span style="border: 1px solid black; padding: 2px;">313.38</span>
City Hollywood	State FL	
Zip Code 33020	<b>Transaction ID : D354679</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Ophelia Somers</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2233 Adams Street Apt B		Amount <span style="border: 1px solid black; padding: 2px;">313.38</span>
City Hollywood	State FL	
Zip Code 33020	<b>Transaction ID : D354680</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">626.76</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M / D D / Y Y Y Y  
02 / 14 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Ophelia Somers
Mailing Address 2233 Adams Street Apt B
City Hollywood State FL Zip Code 33020
Amount 32.99
Transaction ID : D354681
Purpose of Expenditure Salary Category/Type 001
Office Sought: House State: FL
Senate District: 26
President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA
Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee Mirlene Val
Mailing Address 1210 NE 113 Terrace #3
City Miami State FL Zip Code 33161
Amount 334.48
Transaction ID : D354691
Purpose of Expenditure Salary Category/Type 001
Office Sought: House State:
Senate District:
President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 367.47
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mirlene Val</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1210 NE 113 Terrace #3</b>		Amount <b>334.48</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D354692</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Mirlene Val</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1210 NE 113 Terrace #3</b>		Amount <b>35.21</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D354693</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>369.69</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09 / 14 / 2012</span> </div>
Mailing Address <b>3259 Carambol Circle South</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">315.51</span> </div>
City <b>Coconut Creek</b> State <b>FL</b> Zip Code <b>33066</b>	<b>Transaction ID : D354646</b>	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">001</span> </div>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">245586.48</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09 / 14 / 2012</span> </div>
Mailing Address <b>3259 Carambol Circle South</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">6.71</span> </div>
City <b>Coconut Creek</b> State <b>FL</b> Zip Code <b>33066</b>	<b>Transaction ID : D354647</b>	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">001</span> </div>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">2749.68</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">322.22</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date 
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>7925 Merrill Road Apt 2807</b>		Amount <b>390.09</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32277</b>	Transaction ID : <b>D354659</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>7925 Merrill Road Apt 2807</b>		Amount <b>390.09</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32277</b>	Transaction ID : <b>D354660</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>780.18</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ Date **02 / 14 / 2013**  
[Electronically Filed]

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Juan Rodriguez</b>	
Mailing Address <b>3415 W Hillsborough Ave #726</b>	
City <b>Tampa</b>	State <b>FL</b>
Zip Code <b>33614</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>	

Date <b>09 / 14 / 2012</b>
Amount <b>399.23</b>
Transaction ID : <b>D354670</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Juan Rodriguez</b>	
Mailing Address <b>3415 W Hillsborough Ave #726</b>	
City <b>Tampa</b>	State <b>FL</b>
Zip Code <b>33614</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>	

Date <b>09 / 14 / 2012</b>
Amount <b>399.22</b>
Transaction ID : <b>D354671</b>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>798.45</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jorge Lopez</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 1714 E Mulberry Drive		Amount <b>359.37</b>
City Tampa	State FL	
Zip Code 33604	<b>Transaction ID : D354619</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Jorge Lopez</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 1714 E Mulberry Drive		Amount <b>359.37</b>
City Tampa	State FL	
Zip Code 33604	<b>Transaction ID : D354620</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>718.74</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 1852 SE Carvalho Street		Amount <b>301.50</b>
City Port St. Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D354629</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 1852 SE Carvalho Street		Amount <b>301.50</b>
City Port St. Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D354630</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>603.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 1852 SE Carvalho Street		Amount <span style="border: 1px solid black; padding: 2px;">6.41</span>
City Port St. Lucie	State      Zip Code FL              34983	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354631</b>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House      State: FL <input type="checkbox"/> Senate      District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 3259 Carambol Circle South		Amount <span style="border: 1px solid black; padding: 2px;">315.51</span>
City Coconut Creek	State      Zip Code FL              33066	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D354645</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House      State: <input type="checkbox"/> Senate      District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">321.92</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      *[Electronically Filed]*      Date M M / D D / Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Gloria Clowney</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>971 Foxfire TRL</b>		Amount <b>304.70</b>
City <b>Oviedo</b>	State <b>FL</b>	
Zip Code <b>32765</b>	<b>Transaction ID : D354588</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Gloria Clowney</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>971 Foxfire TRL</b>		Amount <b>304.70</b>
City <b>Oviedo</b>	State <b>FL</b>	
Zip Code <b>32765</b>	<b>Transaction ID : D354589</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>609.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		Date MM / DD / YYYY 09 / 14 / 2012
Mailing Address 1714 E Mulberry Drive		Amount 341.13
City Tampa	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D354599
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		Date MM / DD / YYYY 09 / 14 / 2012
Mailing Address 1714 E Mulberry Drive		Amount 341.12
City Tampa	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D354600
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	682.25
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Brandon Llewellyn</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>	
Mailing Address <b>769 Trey Court</b>		Amount <b>304.70</b>	
City <b>Apopka</b>	State <b>FL</b>	Zip Code <b>32712</b>	Transaction ID : <b>D354608</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>Brandon Llewellyn</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>	
Mailing Address <b>769 Trey Court</b>		Amount <b>304.70</b>	
City <b>Apopka</b>	State <b>FL</b>	Zip Code <b>32712</b>	Transaction ID : <b>D354609</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>609.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date **02 / 14 / 2013**

*Gihan Perera*  
Signature

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">14</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>		
Mailing Address    3740 Drew Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <span style="float: right;">329.87</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Jacksonville</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32207</td> </tr> </table>		City Jacksonville	State FL
City Jacksonville	State FL	Zip Code 32207	
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <span style="float: right;">245586.48</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D354556**

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">14</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>		
Mailing Address    4231 NW 11 PL	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <span style="float: right;">370.59</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Miami</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 33127</td> </tr> </table>		City Miami	State FL
City Miami	State FL	Zip Code 33127	
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <span style="float: right;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D354564**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <span style="float: right;">700.46</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date    

02 / 
 14 / 
 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>4231 NW 11 PL</b>		Amount <b>370.59</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33127</b>	<b>Transaction ID : D354565</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>4231 NW 11 PL</b>		Amount <b>39.00</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33127</b>	<b>Transaction ID : D354566</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>409.59</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 18 Catalina drive		Amount <b>379.26</b>
City DeBary	State FL	
Zip Code 32713	<b>Transaction ID : D354576</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 18 Catalina drive		Amount <b>379.26</b>
City DeBary	State FL	
Zip Code 32713	<b>Transaction ID : D354577</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>758.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00521013             </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>	
Mailing Address <b>414 Lincoln Rd.</b>		Amount <b>6.72</b>	
City <b>Cocoa</b>	State <b>FL</b>	Zip Code <b>32926</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

**Transaction ID : D353946**

Full Name (Last, First, Middle Initial) of Payee <b>Devin Coleman</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>	
Mailing Address <b>736 Odessa Street</b>		Amount <b>176.91</b>	
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32206</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

**Transaction ID : D353953**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>183.63</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera      [Electronically Filed]      Date **02 / 14 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Devin Coleman
Mailing Address 736 Odessa Street
City Jacksonville State FL Zip Code 32206
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON
Calendar Year-To-Date Per Election for Office Sought 245586.48
Disbursement For: Primary General 2012

Full Name (Last, First, Middle Initial) of Payee
Marisol Marquez
Mailing Address 304 E Chelsea Street
City Tampa State FL Zip Code 33603
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: Primary General 2012

(a) SUBTOTAL of Itemized Independent Expenditures..... 506.79
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marisol Marquez</b>		Date 09 / 14 / 2012
Mailing Address 304 E Chelsea Street		Amount 329.87
City Tampa	State FL	
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>D354546</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>		Date 09 / 14 / 2012
Mailing Address 3740 Drew Street		Amount 329.88
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>D354555</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	659.75
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 14 / 2012	
Mailing Address 1638 Bresee Road		Amount <span style="border: 1px solid black; padding: 2px;">201.24</span>	
City West Palm Beach	State FL	Zip Code 33415	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

**Transaction ID : D353920**

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 14 / 2012	
Mailing Address 1638 Bresee Road		Amount <span style="border: 1px solid black; padding: 2px;">4.28</span>	
City West Palm Beach	State FL	Zip Code 33415	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

**Transaction ID : D353923**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">205.52</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      *[Electronically Filed]*      Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Troy Squire</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address 1356 W 32 Street		Amount <span style="margin-left: 20px;">161.55</span>
City Jacksonville	State FL	
Zip Code 32209	<b>Transaction ID : D353930</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Troy Squire</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address 1356 W 32 Street		Amount <span style="margin-left: 20px;">161.54</span>
City Jacksonville	State FL	
Zip Code 32209	<b>Transaction ID : D353933</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">323.09</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>414 Lincoln Rd.</b>		Amount <b>315.85</b>
City <b>Cocoa</b>	State <b>FL</b>	
Zip Code <b>32926</b>	<b>Transaction ID : D353940</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>414 Lincoln Rd.</b>		Amount <b>315.85</b>
City <b>Cocoa</b>	State <b>FL</b>	
Zip Code <b>32926</b>	<b>Transaction ID : D353943</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>631.70</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">09</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">14</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">2012</span> </div>
Mailing Address 4330 Village Drive #B		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">226.15</div>
City State Zip Code Delray FL 33445	Transaction ID : <b>D353898</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">09</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">14</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">2012</span> </div>
Mailing Address 4330 Village Drive #B		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">226.15</div>
City State Zip Code Delray FL 33445	Transaction ID : <b>D353901</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">452.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed] Date

02 / 
 14 / 
 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Sandy Hector
Mailing Address 4330 Village Drive #B
City Delray State FL Zip Code 33445
Purpose of Expenditure Salary Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2749.68
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Stephen Radcliff
Mailing Address 6753 Ralston Beach Circle
City Tampa State FL Zip Code 33614
Purpose of Expenditure Salary Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 205.51
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Stephen Radcliff</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>6753 Ralston Beach Circle</b>		Amount <b>200.69</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33614</b>	<b>Transaction ID : D353914</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1638 Bresee Road</b>		Amount <b>201.24</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33415</b>	<b>Transaction ID : D353917</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>401.93</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address PO Box 380265		Amount <span style="border: 1px solid black; padding: 2px;">19.67</span>
City Miami	State FL	
Zip Code 33238	<b>Transaction ID : D353880</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address PO Box 380265		Amount <span style="border: 1px solid black; padding: 2px;">186.95</span>
City Miami	State FL	
Zip Code 33238	<b>Transaction ID : D353883</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">206.62</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M / D D / Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>PO Box 380265</b>		Amount <b>186.95</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33238</b>	<b>Transaction ID : D353886</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>8820 Fontainebleau Blvd Apt 206</b>		Amount <b>20.65</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33172</b>	<b>Transaction ID : D353889</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>207.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>8820 Fontainebleau Blvd Apt 206</b>		Amount <b>196.15</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33172</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Transaction ID : <b>D353892</b>

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>8820 Fontainebleau Blvd Apt 206</b>		Amount <b>196.15</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33172</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Transaction ID : <b>D353895</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>392.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Orlando Reyes</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>5807 Ricker Road</b>		Amount <b>135.23</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32244</b>	<b>Transaction ID : D353854</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>4214 Pershing Pointe Place #3</b>		Amount <b>200.18</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32822</b>	<b>Transaction ID : D353857</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>335.41</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00521013       </div>
---	---

Check if  24-hour report     48-hour report     New report     Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date <span style="border: 1px solid black; padding: 0 5px;">M M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 4214 Pershing Pointe Place #3		Amount <span style="border: 1px solid black; padding: 0 5px;">200.18</span>
City Orlando	State FL	Zip Code 32822
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 0 5px;">001</span>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D353860**

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date <span style="border: 1px solid black; padding: 0 5px;">M M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2352 Z Terrace		Amount <span style="border: 1px solid black; padding: 0 5px;">221.77</span>
City Riviera Beach	State FL	Zip Code 33404
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 0 5px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D353867**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 0 5px;">421.95</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 0 5px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 0 5px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address <b>2352 Z Terrace</b>		Amount <span style="margin-left: 20px;">221.77</span>
City <b>Riviera Beach</b>	State      Zip Code <b>FL              33404</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353870</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address <b>2352 Z Terrace</b>		Amount <span style="margin-left: 20px;">4.72</span>
City <b>Riviera Beach</b>	State      Zip Code <b>FL              33404</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353873</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>18</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">2749.68</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">226.49</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marilyn Carter</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1320 W 11 St</b>		Amount <b>161.54</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32209</b>	<b>Transaction ID : D353836</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marta Marcano</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>420 E Galvez Lane Apt 206</b>		Amount <b>137.99</b>
City <b>Ponte Vedra</b>	State <b>FL</b>	
Zip Code <b>32081</b>	<b>Transaction ID : D353839</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>299.53</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00521013       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marta Marcano</b>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 09 / 14 / 2012</div>
Mailing Address 420 E Galvez Lane Apt 206			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">137.99</div> <b>Transaction ID : D353842</b>
City Ponte Vedra	State FL	Zip Code 32081	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">245586.48</div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Muslim Ali</b>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 09 / 14 / 2012</div>
Mailing Address 6513 Yellow Hammer Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">229.98</div> <b>Transaction ID : D353845</b>
City Tampa	State FL	Zip Code 33025	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1662785.69</div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	367.97
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Muslim Ali</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>6513 Yellow Hammer Ave</b>		Amount <b>229.98</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33025</b>	<b>Transaction ID : D353848</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Orlando Reyes</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>5807 Ricker Road</b>		Amount <b>135.24</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32244</b>	<b>Transaction ID : D353851</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>365.22</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">09</span> / <span style="font-size: 1.2em; padding: 0 5px;">14</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>					
Mailing Address 12641 Sw 35 Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">226.52</span> </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33175</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33175				
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-size: 1.2em;">001</span>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

**Transaction ID : D353818**

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">09</span> / <span style="font-size: 1.2em; padding: 0 5px;">14</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>					
Mailing Address 12641 Sw 35 Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">23.85</span> </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33175</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33175				
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-size: 1.2em;">001</span>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 26 <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

**Transaction ID : D353821**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">250.37</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2131 NE Miami Gardens Drive		Amount <span style="border: 1px solid black; padding: 2px;">201.67</span>
City North Miami Beach	State Zip Code FL 33179	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353824</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2131 NE Miami Gardens Drive		Amount <span style="border: 1px solid black; padding: 2px;">201.67</span>
City North Miami Beach	State Zip Code FL 33179	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353827</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">403.34</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>2131 NE Miami Gardens Drive</b>		Amount <b>21.23</b>
City <b>North Miami Beach</b>	State <b>FL</b>	
Zip Code <b>33179</b>	<b>Transaction ID : D353830</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Marilyn Carter</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1320 W 11 St</b>		Amount <b>161.55</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32209</b>	<b>Transaction ID : D353833</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>182.78</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Mable Smith</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 4203 Arch		Amount <span style="border: 1px solid black; padding: 2px;">217.15</span>
City Tampa	State FL Zip Code 33607	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353800</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Mable Smith</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 4203 Arch		Amount <span style="border: 1px solid black; padding: 2px;">217.14</span>
City Tampa	State FL Zip Code 33607	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353803</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">434.29</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y Y Y

Signature 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date <input type="text"/> 09 / <input type="text"/> 14 / <input type="text"/> 2012
Mailing Address 2121 SW 2 Street Apt 7		Amount <input type="text"/> 19.12
City Miami	State FL	
Zip Code 33135	Transaction ID : D353806	
Purpose of Expenditure Salary	Category/Type <input type="text"/> 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5002.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date <input type="text"/> 09 / <input type="text"/> 14 / <input type="text"/> 2012
Mailing Address 2121 SW 2 Street Apt 7		Amount <input type="text"/> 181.74
City Miami	State FL	
Zip Code 33135	Transaction ID : D353809	
Purpose of Expenditure Salary	Category/Type <input type="text"/> 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 200.86
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ Date  02 /  14 /  2013  
[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00521013                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y Y Y                      09 / 14 / 2012                 </div>
Mailing Address 2121 SW 2 Street Apt 7		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     181.74                 </div>
City State Zip Code Miami FL 33135		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">                     245586.48                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D353812**

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>		Date <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y Y Y                      09 / 14 / 2012                 </div>
Mailing Address 12641 Sw 35 Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     226.52                 </div>
City State Zip Code Miami FL 33175		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">                     1662785.69                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D353815**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     408.26                 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     _____                 </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     _____                 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature \_\_\_\_\_ [Electronically Filed] Date 

M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee  
**Louikens Toussaint**

Date  
M M M / D D D / Y Y Y Y Y Y  
**09 / 14 / 2012**

Mailing Address **429 NW 84 Terrace**

Amount  
**198.11**

City State Zip Code  
**Miami FL 33150**

Transaction ID : **D353782**

Purpose of Expenditure  
**Salary** Category/Type **001**

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BARACK OBAMA**

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought **1662785.69**

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
**Louikens Toussaint**

Date  
M M M / D D D / Y Y Y Y Y Y  
**09 / 14 / 2012**

Mailing Address **429 NW 84 Terrace**

Amount  
**198.11**

City State Zip Code  
**Miami FL 33150**

Transaction ID : **D353785**

Purpose of Expenditure  
**Salary** Category/Type **001**

Office Sought:  House State: **FL**  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BILL NELSON**

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought **245586.48**

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<b>396.22</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
<b>(c) TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Louikens Toussaint</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address <b>429 NW 84 Terrace</b>		Amount <span style="border: 1px solid black; padding: 2px;">20.85</span>
City <b>Miami</b>	State      Zip Code <b>FL              33150</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353788</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>26</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5002.41</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>09 / 14 / 2012</b>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <span style="border: 1px solid black; padding: 2px;">186.95</span>
City <b>Miami</b>	State      Zip Code <b>FL              33135</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353791</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">207.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <b>186.95</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353794</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1567 SW 4 Street Apt 10</b>		Amount <b>19.67</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D353797</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>206.62</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1341 NE 143 Street</b>		Amount <b>203.46</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D353763</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Lawrence Cuervo</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>15705 Miami Lakeway N</b>		Amount <b>148.26</b>
City <b>Miami Lakes</b>	State <b>FL</b>	
Zip Code <b>33014</b>	<b>Transaction ID : D353766</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>351.72</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name (Last, First, Middle Initial) of Payee  
**Lawrence Cuervo**

Date  
 /  /   
**09 / 14 / 2012**

Mailing Address **15705 Miami Lakeway N**

Amount  
  
**148.26**

City State Zip Code  
**Miami Lakes FL 33014**

**Transaction ID : D353768**

Purpose of Expenditure  
**Salary**

Category/Type  
  
**001**

Office Sought:  House State: **FL**  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BILL NELSON**

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
  
**245586.48**

Disbursement For:  Primary  General  
 Other (specify) ▶ \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
**Lawrence Cuervo**

Date  
 /  /   
**09 / 14 / 2012**

Mailing Address **15705 Miami Lakeway N**

Amount  
  
**15.61**

City State Zip Code  
**Miami Lakes FL 33014**

**Transaction ID : D353770**

Purpose of Expenditure  
**Salary**

Category/Type  
  
**001**

Office Sought:  House State: **FL**  
 Senate District: **26**  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
**JOE GARCIA**

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
  
**5002.41**

Disbursement For:  Primary  General  
 Other (specify) ▶ \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> <b>163.87</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

*[Electronically Filed]*

Date  /  /   
**02 / 14 / 2013**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 11305 Spining Reel		Amount <b>193.04</b>
City Orlando	State FL	
Zip Code 32852	<b>Transaction ID : D353772</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 11305 Spining Reel		Amount <b>193.04</b>
City Orlando	State FL	
Zip Code 32852	<b>Transaction ID : D353775</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>386.08</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09 / 14 / 2012</span> </div>
Mailing Address 1834 SE Aneci Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">242.78</span> </div>
City State Zip Code Port Saint Lucie FL 34983	<b>Transaction ID : D353710</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09 / 14 / 2012</span> </div>
Mailing Address 1834 SE Aneci Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">5.17</span> </div>
City State Zip Code Port Saint Lucie FL 34983	<b>Transaction ID : D353713</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2749.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">247.95</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">247.95</span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black;">C</span> C00521013       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Keanna Hall</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">M M</span> / <span style="font-size: 1.2em;">D D</span> / <span style="font-size: 1.2em;">Y Y Y Y</span>          09 / 14 / 2012       </div>
Mailing Address 10862 Natalie Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="float: right; font-weight: bold;">171.19</span> </div>
City Jacksonville      State FL      Zip Code 32218	<b>Transaction ID : D353750</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="float: right; font-weight: bold;">1662785.69</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Keanna Hall</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">M M</span> / <span style="font-size: 1.2em;">D D</span> / <span style="font-size: 1.2em;">Y Y Y Y</span>          09 / 14 / 2012       </div>
Mailing Address 10862 Natalie Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="float: right; font-weight: bold;">171.18</span> </div>
City Jacksonville      State FL      Zip Code 32218		<b>Transaction ID : D353753</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House      State: FL <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="float: right; font-weight: bold;">245586.48</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="float: right; font-weight: bold;">342.37</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="float: right; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="float: right; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*
[Electronically Filed]
Date 
M M / D D / Y Y Y Y  
 02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">09</span> / <span style="font-size: 1.2em; padding: 0 5px;">14</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>					
Mailing Address 1341 NE 143 Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21.41</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33161</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33161				
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 26 <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

**Transaction ID : D353756**

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">09</span> / <span style="font-size: 1.2em; padding: 0 5px;">14</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>					
Mailing Address 1341 NE 143 Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">203.46</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33161</td> </tr> </table>		City	State	Zip Code	Miami	FL
City	State	Zip Code				
Miami	FL	33161				
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

**Transaction ID : D353759**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">224.87</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed] Date

02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee John Tracey
Mailing Address 2812 Genessee Ave
City West Palm Beach State FL Zip Code 33409
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY
Amount 7.36
Transaction ID: D353681
Office Sought: House State: FL District: 18
Check One: Support
Disbursement For: General

Full Name (Last, First, Middle Initial) of Payee Jonathan Romero
Mailing Address 1101 Arboleda Court
City Tampa State FL Zip Code 33664
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Amount 217.15
Transaction ID: D353688
Office Sought: President District:
Check One: Support
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 224.51
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Romero</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1101 Arboleda Court</b>		Amount <b>217.14</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33664</b>	<b>Transaction ID : D353691</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Justin Conner Jones</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>2115 River Tree Circle</b>		Amount <b>193.04</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32839</b>	<b>Transaction ID : D353697</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>410.18</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013

Check if [ ] 24-hour report [ ] 48-hour report [ ] New report [ ] Amends report filed on

Justin Conner Jones
Mailing Address 2115 River Tree Circle
City Orlando State FL Zip Code 32839
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Amount 193.04
Transaction ID : D353700
Office Sought: [ ] House [X] Senate [ ] President
Check One: [X] Support [ ] Oppose
Disbursement For: [ ] Primary [X] General
Calendar Year-To-Date Per Election for Office Sought 245586.48

Kathy Dent
Mailing Address 1834 SE Aneci Street
City Port Saint Lucie State FL Zip Code 34983
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Amount 242.78
Transaction ID : D353707
Office Sought: [ ] House [ ] Senate [X] President
Check One: [X] Support [ ] Oppose
Disbursement For: [ ] Primary [X] General
Calendar Year-To-Date Per Election for Office Sought 1662785.69

(a) SUBTOTAL of Itemized Independent Expenditures..... 435.82
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
Signature [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1222 NW 58 ST</b>		Amount <b>19.67</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33142</b>	<b>Transaction ID : D353658</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5 5 5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Johann Joseph</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>2131 NE Miami Gardens Drive</b>		Amount <b>215.12</b>
City <b>North Miami Beach</b>	State <b>FL</b>	
Zip Code <b>33179</b>	<b>Transaction ID : D353662</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5 5 1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>234.79</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Johann Joseph</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2131 NE Miami Gardens Drive		Amount <span style="border: 1px solid black; padding: 2px;">215.12</span>
City North Miami Beach	State Zip Code FL 33179	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353667</b> Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Johann Joseph</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 2131 NE Miami Gardens Drive		Amount <span style="border: 1px solid black; padding: 2px;">22.64</span>
City North Miami Beach	State Zip Code FL 33179	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353671</b> Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">237.76</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <span style="float:right">09 / 14 / 2012</span>
Mailing Address 2812 Genessee Ave		Amount <span style="float:right">345.88</span>
City West Palm Beach	State FL	
Purpose of Expenditure Salary	Category/ Type <span style="float:right">001</span>	<b>Transaction ID : D353675</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <span style="float:right">09 / 14 / 2012</span>
Mailing Address 2812 Genessee Ave		Amount <span style="float:right">345.88</span>
City West Palm Beach	State FL	
Purpose of Expenditure Salary	Category/ Type <span style="float:right">001</span>	<b>Transaction ID : D353678</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="float:right">691.76</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="float:right"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Gabriela Ortega</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 3732 Aldergate Pl.		Amount <span style="border: 1px solid black; padding: 2px;">193.04</span>
City Casselberry	State FL	
Zip Code 32707	<b>Transaction ID : D353639</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Gabriela Ortega</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 3732 Aldergate Pl.		Amount <span style="border: 1px solid black; padding: 2px;">193.04</span>
City Casselberry	State FL	
Zip Code 32707	<b>Transaction ID : D353642</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">386.08</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y  
02 / 14 / 2013

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Gonzalo Valdes</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2012</b>	
Mailing Address <b>8003 N Rome Avenue</b>		Amount <b>167.50</b>	
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33604</b>	<b>Transaction ID : D353649</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>Gonzalo Valdes</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2012</b>	
Mailing Address <b>8003 N Rome Avenue</b>		Amount <b>167.49</b>	
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33604</b>	<b>Transaction ID : D353651</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>334.99</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date 09 / 14 / 2012
Mailing Address 1222 NW 58 ST		Amount 186.95
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D353652
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date 09 / 14 / 2012
Mailing Address 1222 NW 58 ST		Amount 186.95
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D353655
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 245586.48		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	373.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera  
Signature

[Electronically Filed]    Date 02 / 14 / 2013

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)  
**Florida Freedom PAC**

FEC IDENTIFICATION NUMBER  
**C C00521013**

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee  
**Ellis White**

Date  /  /  **09 / 14 / 2012**

Mailing Address **5571 Longspur Ave**

City **Jacksonville** State **FL** Zip Code **32219**

Amount **155.60**

Transaction ID : **D353611**

Purpose of Expenditure **Salary** Category/Type **001** Office Sought:  House  Senate  President State: \_\_\_\_\_ District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BARACK OBAMA** Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  **1662785.69** Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
**Eric Pagan**

Date  /  /  **09 / 14 / 2012**

Mailing Address **290 Augustine Ct.**

City **Oviedo** State **FL** Zip Code **32765**

Amount **185.01**

Transaction ID : **D353614**

Purpose of Expenditure **Salary** Category/Type **001** Office Sought:  House  Senate  President State: \_\_\_\_\_ District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
**BARACK OBAMA** Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  **1662785.69** Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures.....  **340.61**

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ [Electronically Filed] Date  /  /  **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Eric Pagan</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>290 Augustine Ct.</b>		Amount <b>185.01</b>
City <b>Oviedo</b>	State <b>FL</b>	Zip Code <b>32765</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353617</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>3414 34th Way</b>		Amount <b>271.57</b>
City <b>West Palm Beach</b>	State <b>FL</b>	Zip Code <b>33407</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>D353625</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>456.58</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date **02 / 14 / 2013**

*Gihan Perera*  
Signature

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>3414 34th Way</b>		Amount <b>271.57</b>
City <b>West Palm Beach</b>	State      Zip Code <b>FL              33407</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353627</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>3414 34th Way</b>		Amount <b>5.78</b>
City <b>West Palm Beach</b>	State      Zip Code <b>FL              33407</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D353631</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>18</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>277.35</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Diego Renteria</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>430 Green Spring Circle</b>		Amount <b>213.60</b>
City <b>Winter Springs</b>	State <b>FL</b>	
Zip Code <b>32708</b>	<b>Transaction ID : D353422</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Diego Renteria</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>430 Green Spring Circle</b>		Amount <b>213.60</b>
City <b>Winter Springs</b>	State <b>FL</b>	
Zip Code <b>32708</b>	<b>Transaction ID : D353425</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>427.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date **02 / 14 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C 00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Dionne Allen

Date
09 / 14 / 2012

Mailing Address 12303 Bohannon Blvd

Amount
276.77
Transaction ID : D353591

City Orlando State FL Zip Code 32824

Purpose of Expenditure Salary Category/Type 001

Office Sought: House Senate President
State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 1662785.69

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Dionne Allen

Date
09 / 14 / 2012

Mailing Address 12303 Bohannon Blvd

Amount
276.77
Transaction ID : D353595

City Orlando State FL Zip Code 32824

Purpose of Expenditure Salary Category/Type 001

Office Sought: House Senate President
State: FL District:

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 245586.48

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 553.54

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2012</b>	
Mailing Address <b>12303 Bohannon Blvd</b>		Amount <b>5.89</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32824</b>	<b>Transaction ID : D353598</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>18</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Ellis White</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2012</b>	
Mailing Address <b>5571 Longspur Ave</b>		Amount <b>155.59</b>	
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32219</b>	<b>Transaction ID : D353607</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>161.48</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ [Electronically Filed] Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Corey Willborn</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">09</span> / <span style="font-size: 1.2em; padding: 0 5px;">14</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>
Mailing Address 421 W Church Street Apt 716		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">329.88</span> </div>
City Jacksonville      State FL      Zip Code 32202	<b>Transaction ID : D353405</b>	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Corey Willborn</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">09</span> / <span style="font-size: 1.2em; padding: 0 5px;">14</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>
Mailing Address 421 W Church Street Apt 716		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">329.87</span> </div>
City Jacksonville      State FL      Zip Code 32202		<b>Transaction ID : D353408</b>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">245586.48</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">659.75</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]      Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Damon Taylor</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 10 Eaton Street		Amount <span style="margin-left: 20px;">203.19</span>
City Eatonville	State FL	
Zip Code 32751	<b>Transaction ID : D353412</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Damon Taylor</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 10 Eaton Street		Amount <span style="margin-left: 20px;">203.19</span>
City Eatonville	State FL	
Zip Code 32751	<b>Transaction ID : D353415</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">406.38</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Cameron Starkes</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 3919 Robert C Weaver Drive		Amount <b>150.12</b>
City Jacksonville	State FL	
Zip Code 32208	<b>Transaction ID : D353369</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Cameron Starkes</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 3919 Robert C Weaver Drive		Amount <b>150.11</b>
City Jacksonville	State FL	
Zip Code 32208	<b>Transaction ID : D353372</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>300.23</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Carol Brown</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 3909 LaSalle Street		Amount <span style="border: 1px solid black; padding: 2px;">206.18</span>
City Tampa	State FL Zip Code 33607	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353375</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Carol Brown</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 3909 LaSalle Street		Amount <span style="border: 1px solid black; padding: 2px;">206.18</span>
City Tampa	State FL Zip Code 33607	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353378</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">412.36</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Cartine Obas</b>		Date
Mailing Address 2544 Robert Trent Jones Drive Unit		MM / DD / YYYY 09 / 14 / 2012
City	State	Zip Code
Orlando	FL	32835
Purpose of Expenditure Salary		Amount 150.64
Category/Type	Office Sought:	Transaction ID : <b>D353381</b>
001	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
1662785.69		2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Cartine Obas</b>		Date
Mailing Address 2544 Robert Trent Jones Drive Unit		MM / DD / YYYY 09 / 14 / 2012
City	State	Zip Code
Orlando	FL	32835
Purpose of Expenditure Salary		Amount 150.64
Category/Type	Office Sought:	Transaction ID : <b>D353385</b>
001	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>FL</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
245586.48		2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	301.28
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Alissah Depiro</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>3721 Mission Court</b>		Amount <b>117.38</b>
City <b>Largo</b>	State <b>FL</b>	
Zip Code <b>33771</b>	<b>Transaction ID : D353343</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Alissah Depiro</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>3721 Mission Court</b>		Amount <b>117.38</b>
City <b>Largo</b>	State <b>FL</b>	
Zip Code <b>33771</b>	<b>Transaction ID : D353346</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>234.76</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Antrenic Williams</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09</span> / <span style="font-size: 1.2em; font-weight: bold;">14</span> / <span style="font-size: 1.2em; font-weight: bold;">2012</span> </div>		
Mailing Address 3070 Malcolm Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">208.17</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Deltona</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32738</td> </tr> </table>		City Deltona	State FL
City Deltona	State FL	Zip Code 32738	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353349**

Full Name (Last, First, Middle Initial) of Payee <b>Antrenic Williams</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09</span> / <span style="font-size: 1.2em; font-weight: bold;">14</span> / <span style="font-size: 1.2em; font-weight: bold;">2012</span> </div>		
Mailing Address 3070 Malcolm Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">208.17</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Deltona</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 32738</td> </tr> </table>		City Deltona	State FL
City Deltona	State FL	Zip Code 32738	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D353352**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">416.34</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed]    Date 
M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Audeliz Sanchez</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 3104 Orchard Place		Amount <span style="border: 1px solid black; padding: 2px;">203.19</span>
City Kissimee	State Zip Code FL 34743	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353359</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Audeliz Sanchez</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 3104 Orchard Place		Amount <span style="border: 1px solid black; padding: 2px;">203.19</span>
City Kissimee	State Zip Code FL 34743	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353361</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">406.38</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group, Inc.</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 1720 I Street, NW Suite 550		Amount <b>565.00</b>
City Washington	State DC	
Zip Code 20006	<b>Transaction ID : D334972</b>	
Purpose of Expenditure Voter Canvass Literature	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Adil McCoy</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address 530 Fallen Timbers		Amount <b>161.55</b>
City Orange Park	State FL	
Zip Code 32073	<b>Transaction ID : D333324</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>726.55</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Adil McCoy</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 530 Fallen Timbers		Amount <span style="border: 1px solid black; padding: 2px;">161.54</span>
City Orange Park	State FL	Zip Code 32073
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D353327

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 6492 Emerald Dunes Drive # 305		Amount <span style="border: 1px solid black; padding: 2px;">252.11</span>
City West Palm Beach	State FL	Zip Code 33411
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D353330

(a) SUBTOTAL of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">413.65</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) TOTAL Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 6492 Emerald Dunes Drive # 305		Amount <span style="border: 1px solid black; padding: 2px;">252.11</span>
City West Palm Beach	State Zip Code FL 33411	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353333</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 6492 Emerald Dunes Drive # 305		Amount <span style="border: 1px solid black; padding: 2px;">5.36</span>
City West Palm Beach	State Zip Code FL 33411	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D353336</b>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">257.47</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Walgreens</b>			Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <span style="margin-left: 20px;">09 / 11 / 2012</span>		
Mailing Address 9020 Biscayne Blvd.			Amount <span style="margin-left: 20px;">85.82</span>		
City Miami	State FL	Zip Code 33138	<b>Transaction ID : D354968</b>		
Purpose of Expenditure Pre-Paid Debit Cards-Snacks for Campaign Offices	Category/ Type	001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">5 5</span> 5002.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee <b>Walgreens</b>			Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <span style="margin-left: 20px;">09 / 11 / 2012</span>		
Mailing Address 9020 Biscayne Blvd.			Amount <span style="margin-left: 20px;">42.92</span>		
City Miami	State FL	Zip Code 33138	<b>Transaction ID : D354969</b>		
Purpose of Expenditure Pre-Paid Debit Cards-Snacks for Campaign Offices	Category/ Type	001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">5 5</span> 2749.68			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">128.74</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 13 / 2012
Mailing Address 8820 Fontainebleau Blvd Apt 206		Amount <span style="border: 1px solid black; padding: 2px;">190.14</span>
City Miami	State FL Zip Code 33172	
Purpose of Expenditure Salary	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D354960**

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group, Inc.</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 1720 I Street, NW Suite 550		Amount <span style="border: 1px solid black; padding: 2px;">1695.00</span>
City Washington	State DC Zip Code 20006	
Purpose of Expenditure Voter Canvass Literature	Category/Type 006	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D334971**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1885.14</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address <b>2755 Azalea Court</b>		Amount <span style="margin-left: 20px;">126.19</span>
City <b>Delray Beach</b>	State      Zip Code <b>FL              33445</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D354752</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Marceline Fleurilus</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address <b>2755 Azalea Court</b>		Amount <span style="margin-left: 20px;">126.19</span>
City <b>Delray Beach</b>	State      Zip Code <b>FL              33445</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D354753</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">252.38</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      **[Electronically Filed]**      Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Darlene Marshall</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>6175 Checkmate Ln</b>		Amount <b>230.98</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32244</b>	<b>Transaction ID : D354717</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Darlene Marshall</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>6175 Checkmate Ln</b>		Amount <b>230.98</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32244</b>	<b>Transaction ID : D354718</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>461.96</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**







**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00521013                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>                      09 / 07 / 2012                 </div>
Mailing Address 2326 E 111 Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">106.94</span> </div>
City Tampa                                  State FL                                  Zip Code 33612	<b>Transaction ID : D354694</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;">001</span>	Office Sought: <input type="checkbox"/> House                                  State: _____ <input type="checkbox"/> Senate                                  District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>                      09 / 07 / 2012                 </div>
Mailing Address 2326 E 111 Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">106.94</span> </div>
City Tampa                                  State FL                                  Zip Code 33612		<b>Transaction ID : D354695</b>
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;">001</span>	Office Sought: <input type="checkbox"/> House                                  State: FL <input checked="" type="checkbox"/> Senate                                  District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">213.88</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed]    Date 

M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>2326 E 111 Avenue</b>		Amount <b>206.18</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33612</b>	<b>Transaction ID : D354696</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Khaim Jack Cousineau</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>2326 E 111 Avenue</b>		Amount <b>206.18</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33612</b>	<b>Transaction ID : D354697</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>412.36</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Evon Hammond</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3137 Floral Way East</b>		Amount <b>68.54</b>
City <b>Apopka</b>	State <b>FL</b>	
Zip Code <b>32703</b>	<b>Transaction ID : D354705</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Evon Hammond</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3137 Floral Way East</b>		Amount <b>68.54</b>
City <b>Apopka</b>	State <b>FL</b>	
Zip Code <b>32703</b>	<b>Transaction ID : D354706</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>137.08</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Ophelia Somers</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>2233 Adams Street Apt B</b>		Amount <b>313.38</b>
City <b>Hollywood</b>	State <b>FL</b>	
Zip Code <b>33020</b>	<b>Transaction ID : D354676</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Ophelia Somers</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>2233 Adams Street Apt B</b>		Amount <b>313.38</b>
City <b>Hollywood</b>	State <b>FL</b>	
Zip Code <b>33020</b>	<b>Transaction ID : D354677</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>626.76</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee  
**Ophelia Somers**

Date  
MM / DD / YYYY  
09 / 07 / 2012

Mailing Address 2233 Adams Street Apt B

Amount  
32.99  
Transaction ID : D354678

City State Zip Code  
Hollywood FL 33020

Purpose of Expenditure  
Salary

Category/Type  
001

Office Sought:  House State: FL  
 Senate District: 26  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
JOE GARCIA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
5002.41

Disbursement For:  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
**Mirlene Val**

Date  
MM / DD / YYYY  
09 / 07 / 2012

Mailing Address 1210 NE 113 Terrace #3

Amount  
334.48  
Transaction ID : D354688

City State Zip Code  
Miami FL 33161

Purpose of Expenditure  
Salary

Category/Type  
001

Office Sought:  House State:  
 Senate District:  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
1662785.69

Disbursement For:  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	367.47
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date MM / DD / YYYY  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Mirlene Val</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 1210 NE 113 Terrace #3		Amount <span style="border: 1px solid black; padding: 2px;">334.48</span>
City Miami	State FL	
Zip Code 33161	<b>Transaction ID : D354689</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Mirlene Val</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 1210 NE 113 Terrace #3		Amount <span style="border: 1px solid black; padding: 2px;">35.21</span>
City Miami	State FL	
Zip Code 33161	<b>Transaction ID : D354690</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">369.69</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3259 Carambol Circle South</b>		Amount <b>315.51</b>
City <b>Coconut Creek</b>	State <b>FL</b>	
Zip Code <b>33066</b>	<b>Transaction ID : D354642</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3259 Carambol Circle South</b>		Amount <b>6.71</b>
City <b>Coconut Creek</b>	State <b>FL</b>	
Zip Code <b>33066</b>	<b>Transaction ID : D354643</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>322.22</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>		Date 09 / 07 / 2012
Mailing Address 7925 Merrill Road Apt 2807		Amount 390.09
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : D354657
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>		Date 09 / 07 / 2012
Mailing Address 7925 Merrill Road Apt 2807		Amount 390.09
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : D354658
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	780.18
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date 02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Juan Rodriguez</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3415 W Hillsborough Ave #726</b>		Amount <b>399.23</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33614</b>	<b>Transaction ID : D354668</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Juan Rodriguez</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3415 W Hillsborough Ave #726</b>		Amount <b>399.22</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33614</b>	<b>Transaction ID : D354669</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>798.45</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Jorge Lopez</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address 1714 E Mulberry Drive		Amount <span style="margin-left: 20px;">359.37</span>
City Tampa	State FL      Zip Code 33604	
Purpose of Expenditure Salary	Category/Type <span style="margin-left: 20px;">001</span>	<b>Transaction ID : D354617</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Jorge Lopez</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address 1714 E Mulberry Drive		Amount <span style="margin-left: 20px;">359.37</span>
City Tampa	State FL      Zip Code 33604	
Purpose of Expenditure Salary	Category/Type <span style="margin-left: 20px;">001</span>	<b>Transaction ID : D354618</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House      State: FL <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">718.74</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      *[Electronically Filed]*      Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09</span> / <span style="font-size: 1.2em; font-weight: bold;">07</span> / <span style="font-size: 1.2em; font-weight: bold;">2012</span> </div>
Mailing Address 1852 SE Carvalho Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">301.50</span> </div>
City State Zip Code Port St. Lucie FL 34983	<b>Transaction ID : D354625</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">09</span> / <span style="font-size: 1.2em; font-weight: bold;">07</span> / <span style="font-size: 1.2em; font-weight: bold;">2012</span> </div>
Mailing Address 1852 SE Carvalho Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">301.50</span> </div>
City State Zip Code Port St. Lucie FL 34983	<b>Transaction ID : D354626</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-weight: bold;">001</span>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">603.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera
Date 02 / 14 / 2013

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 1852 SE Carvalho Street		Amount <b>6.41</b>
City Port St. Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D354627</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 3259 Carambol Circle South		Amount <b>315.51</b>
City Coconut Creek	State FL	
Zip Code 33066	<b>Transaction ID : D354641</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>321.92</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>1714 E Mulberry Drive</b>		Amount <b>341.13</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33604</b>	<b>Transaction ID : D354597</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>1714 E Mulberry Drive</b>		Amount <b>341.12</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33604</b>	<b>Transaction ID : D354598</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>682.25</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3740 Drew Street</b>		Amount <b>329.87</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D354554**

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>4231 NW 11 PL</b>		Amount <b>370.59</b>
City <b>Miami</b>	State <b>FL</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D354561**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>700.46</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>4231 NW 11 PL</b>		Amount <b>370.59</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33127</b>	<b>Transaction ID : D354562</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>4231 NW 11 PL</b>		Amount <b>39.00</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33127</b>	<b>Transaction ID : D354563</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>409.59</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 07 / 2012</b>	
Mailing Address <b>18 Catalina drive</b>		Amount <b>379.26</b>	
City <b>DeBary</b>	State <b>FL</b>	Zip Code <b>32713</b>	Transaction ID : <b>D354573</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 07 / 2012</b>	
Mailing Address <b>18 Catalina drive</b>		Amount <b>379.26</b>	
City <b>DeBary</b>	State <b>FL</b>	Zip Code <b>32713</b>	Transaction ID : <b>D354574</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>758.52</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Muslim Ali</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>6513 Yellow Hammer Ave</b>		Amount <b>130.91</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33025</b>	<b>Transaction ID : D331345</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Marisol Marquez</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>304 E Chelsea Street</b>		Amount <b>329.88</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33603</b>	<b>Transaction ID : D354543</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>460.79</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marisol Marquez</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>304 E Chelsea Street</b>		Amount <b>329.87</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33603</b>	<b>Transaction ID : D354552</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3740 Drew Street</b>		Amount <b>329.88</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32207</b>	<b>Transaction ID : D354553</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>659.75</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00521013</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Charles Jefferson</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 07 / 2012</b>	
Mailing Address <b>8515 River Drive</b>		Amount <b>130.91</b>	
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33615</b>	<b>Transaction ID : D331339</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Romero</b>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 07 / 2012</b>	
Mailing Address <b>1101 Arboleda Court</b>		Amount <b>130.07</b>	
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33664</b>	<b>Transaction ID : D331340</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>260.98</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Romero</b>		Date 09 / 07 / 2012	
Mailing Address 1101 Arboleda Court		Amount 130.06	
City Tampa	State FL	Zip Code 33664	Transaction ID : D331341
Purpose of Expenditure Salary	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Mable Smith</b>		Date 09 / 07 / 2012	
Mailing Address 4203 Arch		Amount 130.07	
City Tampa	State FL	Zip Code 33607	Transaction ID : D331342
Purpose of Expenditure Salary	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	260.13
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mable Smith</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>4203 Arch</b>		Amount <b>130.06</b>
City <b>Tampa</b>	State      Zip Code <b>FL              33607</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331343</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Muslim Ali</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>6513 Yellow Hammer Ave</b>		Amount <b>130.91</b>
City <b>Tampa</b>	State      Zip Code <b>FL              33025</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331344</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>260.97</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      **[Electronically Filed]**      Date **02 / 14 / 2013**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Alissah Depiro</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">07</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>		
Mailing Address    3721 Mission Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">162.01</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Largo</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 33771</td> </tr> </table>		City Largo	State FL
City Largo	State FL	Zip Code 33771	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D331327**

Full Name (Last, First, Middle Initial) of Payee <b>Stephen Radcliff</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">07</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>		
Mailing Address    6753 Ralston Beach Circle	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">200.70</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Tampa</td> <td style="width:33%;">State FL</td> <td style="width:33%;">Zip Code 33614</td> </tr> </table>		City Tampa	State FL
City Tampa	State FL	Zip Code 33614	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : D331332**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">362.71</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date

02 / 
 14 / 
 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Stephen Radcliff</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>6753 Ralston Beach Circle</b>		Amount <b>200.70</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33614</b>	<b>Transaction ID : D331333</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Gonzalo Valdes</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>8003 N Rome Avenue</b>		Amount <b>206.18</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33604</b>	<b>Transaction ID : D331336</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>406.88</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Gonzalo Valdes</b>	Date <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>
Mailing Address 8003 N Rome Avenue	Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">206.18</span>
City Tampa State FL Zip Code 33604	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">245586.48</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Charles Jefferson</b>	Date <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>
Mailing Address 8515 River Drive	Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">130.91</span>
City Tampa State FL Zip Code 33615	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</span>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">1662785.69</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">337.09</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3414 34th Way		Amount <input type="text"/>
City West Palm Beach	State FL	Zip Code 33407
Purpose of Expenditure Salary		Transaction ID : <b>D331321</b>
Category/Type <input type="text"/> 001		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3414 34th Way		Amount <input type="text"/>
City West Palm Beach	State FL	Zip Code 33407
Purpose of Expenditure Salary		Transaction ID : <b>D331322</b>
Category/Type <input type="text"/> 001		Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/> 390.42
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

/  /   
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Frankisha Walker</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3414 34th Way</b>		Amount <b>4.15</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33407</b>	<b>Transaction ID : D331323</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Carol Brown</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3909 LaSalle Street</b>		Amount <b>206.18</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33607</b>	<b>Transaction ID : D331324</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>210.33</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Carol Brown</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 3909 LaSalle Street		Amount 206.17
City Tampa	State FL	
Zip Code 33607	<b>Transaction ID : D331325</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Alissah Depiro</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 3721 Mission Court		Amount 162.02
City Largo	State FL	
Zip Code 33771	<b>Transaction ID : D331326</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	368.19
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>414 Lincoln Rd.</b>		Amount <b>161.37</b>
City <b>Cocoa</b>	State <b>FL</b>	
Zip Code <b>32926</b>	<b>Transaction ID : D331315</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>414 Lincoln Rd.</b>		Amount <b>161.37</b>
City <b>Cocoa</b>	State <b>FL</b>	
Zip Code <b>32926</b>	<b>Transaction ID : D331316</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>322.74</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>414 Lincoln Rd.</b>		Amount <b>3.43</b>
City <b>Cocoa</b>	State <b>FL</b>	
Zip Code <b>32926</b>		<b>Transaction ID : D331317</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>2812 Genessee Ave</b>		Amount <b>174.61</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33409</b>		<b>Transaction ID : D331318</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>178.04</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature \_\_\_\_\_ [Electronically Filed]    Date MM / DD / YYYY  
**02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>	
Mailing Address <b>2812 Genessee Ave</b>		Amount <b>174.61</b>	
City <b>West Palm Beach</b>	State <b>FL</b>	Zip Code <b>33409</b>	<b>Transaction ID : D331319</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>	
Mailing Address <b>2812 Genessee Ave</b>		Amount <b>3.72</b>	
City <b>West Palm Beach</b>	State <b>FL</b>	Zip Code <b>33409</b>	<b>Transaction ID : D331320</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>178.33</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 1638 Bresee Road		Amount <b>136.91</b>
City West Palm Beach	State FL	
Zip Code 33415	<b>Transaction ID : D331309</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 1638 Bresee Road		Amount <b>136.91</b>
City West Palm Beach	State FL	
Zip Code 33415	<b>Transaction ID : D331310</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>273.82</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>Tony Patterson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 1638 Bresee Road		Amount <span style="border: 1px solid black; padding: 2px;">2.91</span>
City West Palm Beach	State Zip Code FL 33415	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D331311</b> Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2749.68</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2352 Z Terrace		Amount <span style="border: 1px solid black; padding: 2px;">192.42</span>
City Riviera Beach	State Zip Code FL 33404	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	<b>Transaction ID : D331312</b> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">195.33</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>2352 Z Terrace</b>		Amount <b>192.42</b>
City <b>Riviera Beach</b>	State      Zip Code <b>FL              33404</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331313</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Robert Richardson</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>2352 Z Terrace</b>		Amount <b>4.09</b>
City <b>Riviera Beach</b>	State      Zip Code <b>FL              33404</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331314</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>18</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>196.51</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 1834 SE Aneci Street		Amount <span style="float:right">212.85</span>
City Port Saint Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D331303</b>	
Purpose of Expenditure Salary	Category/ Type <span style="float:right">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 1834 SE Aneci Street		Amount <span style="float:right">212.85</span>
City Port Saint Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D331304</b>	
Purpose of Expenditure Salary	Category/ Type <span style="float:right">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="float:right">425.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="float:right"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Dent</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 1834 SE Aneci Street		Amount <b>4.53</b>
City Port Saint Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D331305</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>FL</u> <input type="checkbox"/> Senate    District: <u>18</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 4330 Village Drive #B		Amount <b>189.57</b>
City Delray	State FL	
Zip Code 33445	<b>Transaction ID : D331306</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>194.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 4330 Village Drive #B		Amount <b>189.57</b>
City Delray	State FL	
Zip Code 33445	<b>Transaction ID : D331307</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Sandy Hector</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 4330 Village Drive #B		Amount <b>4.03</b>
City Delray	State FL	
Zip Code 33445	<b>Transaction ID : D331308</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>FL</u> <input type="checkbox"/> Senate    District: <u>18</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>193.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 12303 Bohannon Blvd		Amount <b>217.31</b>
City Orlando	State FL	
Zip Code 32824	<b>Transaction ID : D331297</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 12303 Bohannon Blvd		Amount <b>217.31</b>
City Orlando	State FL	
Zip Code 32824	<b>Transaction ID : D331298</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>434.62</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Dionne Allen</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 12303 Bohannon Blvd		Amount 4.62
City Orlando	State FL	
Zip Code 32824	<b>Transaction ID : D331299</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2749.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 6492 Emerald Dunes Drive # 305		Amount 196.45
City West Palm Beach	State FL	
Zip Code 33411	<b>Transaction ID : D331300</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	201.07
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>6492 Emerald Dunes Drive # 305</b>		Amount <b>196.45</b>
City <b>West Palm Beach</b>	State      Zip Code <b>FL              33411</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331301</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Alexis Cartland</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>6492 Emerald Dunes Drive # 305</b>		Amount <b>4.18</b>
City <b>West Palm Beach</b>	State      Zip Code <b>FL              33411</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331302</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>18</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>2749.68</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>200.63</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]      Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Audeliz Sanchez</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address <b>3104 Orchard Place</b>		Amount <span style="margin-left: 20px;">241.92</span>
City <b>Kissimee</b>	State      Zip Code <b>FL              34743</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331290</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Audeliz Sanchez</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address <b>3104 Orchard Place</b>		Amount <span style="margin-left: 20px;">241.92</span>
City <b>Kissimee</b>	State      Zip Code <b>FL              34743</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331291</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">483.84</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed]      Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Damon Taylor
Mailing Address 10 Eaton Street
City Eatonville State FL Zip Code 32751
Amount 241.92
Transaction ID : D331292
Purpose of Expenditure Salary Category/Type 001
Office Sought: Senate
Check One: Support
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Calendar Year-To-Date Per Election for Office Sought 1662785.69
Disbursement For: General

Full Name (Last, First, Middle Initial) of Payee Damon Taylor
Mailing Address 10 Eaton Street
City Eatonville State FL Zip Code 32751
Amount 241.92
Transaction ID : D331293
Purpose of Expenditure Salary Category/Type 001
Office Sought: Senate
Check One: Support
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON
Calendar Year-To-Date Per Election for Office Sought 245586.48
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures..... 483.84
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature Gihan Perera Date 02/14/2013 [Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Antrenic Williams</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3070 Malcolm Drive</b>		Amount <b>245.41</b>
City <b>Deltona</b>	State <b>FL</b>	
Zip Code <b>32738</b>	<b>Transaction ID : D331294</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Antrenic Williams</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>3070 Malcolm Drive</b>		Amount <b>245.41</b>
City <b>Deltona</b>	State <b>FL</b>	
Zip Code <b>32738</b>	<b>Transaction ID : D331295</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>490.82</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Gabriela Ortega</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 3732 Aldergate Pl.		Amount <span style="border: 1px solid black; padding: 2px;">229.79</span>
City Casselberry	State FL	
Zip Code 32707	<b>Transaction ID : D331284</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Gabriela Ortega</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 3732 Aldergate Pl.		Amount <span style="border: 1px solid black; padding: 2px;">229.79</span>
City Casselberry	State FL	
Zip Code 32707	<b>Transaction ID : D331285</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">459.58</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Eric Pagan</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 290 Augustine Ct.		Amount 224.58
City Oviedo	State FL	
Zip Code 32765	<b>Transaction ID : D331286</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Eric Pagan</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 290 Augustine Ct.		Amount 224.58
City Oviedo	State FL	
Zip Code 32765	<b>Transaction ID : D331287</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	449.16
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera  
Signature

[Electronically Filed]    Date MM / DD / YYYY  
02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Diego Renteria
Mailing Address 430 Green Spring Circle
City Winter Springs State FL Zip Code 32708
Amount 207.59
Transaction ID : D331288
Purpose of Expenditure Salary Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1662785.69

Full Name (Last, First, Middle Initial) of Payee
Diego Renteria
Mailing Address 430 Green Spring Circle
City Winter Springs State FL Zip Code 32708
Amount 207.59
Transaction ID : D331289
Purpose of Expenditure Salary Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 245586.48

(a) SUBTOTAL of Itemized Independent Expenditures..... 415.18
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 11305 Spining Reel		Amount <b>229.79</b>
City Orlando	State FL	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	<b>Transaction ID : D331278</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 11305 Spining Reel		Amount <b>229.79</b>
City Orlando	State FL	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	<b>Transaction ID : D331279</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>459.58</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Justin Conner Jones</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2115 River Tree Circle		Amount <span style="border: 1px solid black; padding: 2px;">229.79</span>
City Orlando	State FL	
Zip Code 32839	<b>Transaction ID : D331280</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Justin Conner Jones</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2115 River Tree Circle		Amount <span style="border: 1px solid black; padding: 2px;">229.79</span>
City Orlando	State FL	
Zip Code 32839	<b>Transaction ID : D331281</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">459.58</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Cartine Obas</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount <span style="margin-left: 20px;">229.79</span>
City Orlando	State FL	
Zip Code 32835	<b>Transaction ID : D331282</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Cartine Obas</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount <span style="margin-left: 20px;">229.79</span>
City Orlando	State FL	
Zip Code 32835	<b>Transaction ID : D331283</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">459.58</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00521013         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Louikens Toussaint</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>            09 / 07 / 2012         </div>
Mailing Address 429 NW 84 Terrace		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.22</div>
City State Zip Code Miami FL 33150	<b>Transaction ID : D331272</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>            09 / 07 / 2012         </div>
Mailing Address 12641 Sw 35 Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">186.94</div>
City State Zip Code Miami FL 33175	<b>Transaction ID : D331273</b>	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">207.16</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]    Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 12641 Sw 35 Street		Amount <span style="border: 1px solid black; padding: 2px;">186.94</span>
City Miami	State FL	
Zip Code 33175	<b>Transaction ID : D331274</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Maria Zavala</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 12641 Sw 35 Street		Amount <span style="border: 1px solid black; padding: 2px;">19.68</span>
City Miami	State FL	
Zip Code 33175	<b>Transaction ID : D331275</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">206.62</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 4214 Pershing Pointe Place #3		Amount <b>241.92</b>
City Orlando	State FL	
Zip Code 32822	<b>Transaction ID : D331276</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 4214 Pershing Pointe Place #3		Amount <b>241.92</b>
City Orlando	State FL	
Zip Code 32822	<b>Transaction ID : D331277</b>	
Purpose of Expenditure Salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House    State: FL <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>483.84</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1222 NW 58 ST		Amount <input type="text"/>
City Miami	State FL	Zip Code 33142
Purpose of Expenditure Salary	Category/Type <input type="text"/> 001	Transaction ID : <b>D331266</b>
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5002.41		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 8820 Fontainebleau Blvd Apt 206		Amount <input type="text"/>
City Miami	State FL	Zip Code 33172
Purpose of Expenditure Salary	Category/Type <input type="text"/> 001	Transaction ID : <b>D331267</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 209.82
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

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*Gihan Perera* [Electronically Filed] Date  /  /

Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00521013         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Louikens Toussaint</b>		Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 07 / 2012</div>
Mailing Address 429 NW 84 Terrace		Amount <div style="border: 1px solid black; padding: 2px;">192.10</div>
City Miami	State FL	
Zip Code 33150	<b>Transaction ID : D331270</b>	
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1662785.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Louikens Toussaint</b>		Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 07 / 2012</div>
Mailing Address 429 NW 84 Terrace		Amount <div style="border: 1px solid black; padding: 2px;">192.10</div>
City Miami	State FL	
Zip Code 33150	<b>Transaction ID : D331271</b>	
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">245586.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">384.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

**[Electronically Filed]**      Date 

MM / DD / YYYY  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; border: 1px solid black;">C</span> <span style="font-size: 18px; padding-left: 10px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; padding: 2px 5px;">09</span> /          <span style="font-size: 18px; padding: 2px 5px;">07</span> /          <span style="font-size: 18px; padding: 2px 5px;">2012</span> </div>
Mailing Address <b>PO Box 380265</b>		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="float: right; font-size: 18px;">19.68</span> </div>
City <b>Miami</b>	State          Zip Code <b>FL</b> <b>33238</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House          State: <u>FL</u> <input type="checkbox"/> Senate          District: <u>26</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 18px;">5002.41</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D331260**

Full Name (Last, First, Middle Initial) of Payee <b>Johann Joseph</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; padding: 2px 5px;">09</span> /          <span style="font-size: 18px; padding: 2px 5px;">07</span> /          <span style="font-size: 18px; padding: 2px 5px;">2012</span> </div>
Mailing Address <b>2131 NE Miami Gardens Drive</b>		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="float: right; font-size: 18px;">215.12</span> </div>
City <b>North Miami Beach</b>	State          Zip Code <b>FL</b> <b>33179</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House          State: _____ <input type="checkbox"/> Senate          District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 18px;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D331261**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 18px;">234.80</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> <span style="font-size: 18px;">-</span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> <span style="font-size: 18px;">-</span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed]      Date 02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00521013
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date <input type="text"/> 09 / <input type="text"/> 07 / <input type="text"/> 2012
Mailing Address 1222 NW 58 ST		Amount <input type="text"/> 186.94
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		

**Transaction ID : D331264**

Full Name (Last, First, Middle Initial) of Payee <b>Harold Pendas</b>		Date <input type="text"/> 09 / <input type="text"/> 07 / <input type="text"/> 2012
Mailing Address 1222 NW 58 ST		Amount <input type="text"/> 186.94
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		

**Transaction ID : D331265**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<input type="text"/> 373.88
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera* [Electronically Filed] Date  02 /  14 /  2013  
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>1341 NE 143 Street</b>		Amount <b>209.11</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D331256</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>1341 NE 143 Street</b>		Amount <b>22.01</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D331257</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>231.12</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address PO Box 380265		Amount 186.94
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D331258
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address PO Box 380265		Amount 186.94
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D331259
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	373.88
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date MM / DD / YYYY  
02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Marie Camy
Mailing Address 2131 NE Miami Gardens Drive
City North Miami Beach State FL Zip Code 33179
Amount 20.53
Transaction ID : D331248
Purpose of Expenditure Salary Category/Type 001
Office Sought: House State: FL
Check One: Support Oppose
Disbursement For: General 2012

Full Name (Last, First, Middle Initial) of Payee Lawrence Cuervo
Mailing Address 15705 Miami Lakeway N
City Miami Lakes State FL Zip Code 33014
Amount 162.39
Transaction ID : D331249
Purpose of Expenditure Salary Category/Type 001
Office Sought: President District:
Check One: Support Oppose
Disbursement For: General 2012

(a) SUBTOTAL of Itemized Independent Expenditures 182.92
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Gihan Perera Date: 02/14/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Lawrence Cuervo</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>15705 Miami Lakeway N</b>		Amount <b>162.39</b>
City <b>Miami Lakes</b>	State <b>FL</b>	
Zip Code <b>33014</b>	<b>Transaction ID : D331250</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Lawrence Cuervo</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>15705 Miami Lakeway N</b>		Amount <b>17.10</b>
City <b>Miami Lakes</b>	State <b>FL</b>	
Zip Code <b>33014</b>	<b>Transaction ID : D331251</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5002.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>179.49</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00521013                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marie Fleurime</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                      09 / 07 / 2012                 </div>
Mailing Address 51 NE 128 Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     181.69                 </div>
City State Zip Code North Miami FL 33161		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     001                 </div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     1662785.69                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D331252**

Full Name (Last, First, Middle Initial) of Payee <b>Marie Fleurime</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                      09 / 07 / 2012                 </div>
Mailing Address 51 NE 128 Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     181.69                 </div>
City State Zip Code North Miami FL 33161		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     001                 </div>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     245586.48                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D331253**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                 363.38             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                 _____             </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                 _____             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Maria Acevedo
Mailing Address 2121 SW 2 Street Apt 7
City Miami State FL Zip Code 33135
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA
Amount 18.54
Transaction ID : D331242
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 5002.41

Full Name (Last, First, Middle Initial) of Payee Lubby Arguello
Mailing Address 1567 SW 4 Street Apt 10
City Miami State FL Zip Code 33135
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA
Amount 144.13
Transaction ID : D331243
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 1662785.69

(a) SUBTOTAL of Itemized Independent Expenditures..... 162.67
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 02 / 14 / 2013
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address 1567 SW 4 Street Apt 10		Amount <span style="margin-left: 20px;">144.13</span>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D331244</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Lubby Arguello</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address 1567 SW 4 Street Apt 10		Amount <span style="margin-left: 20px;">15.17</span>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33135</b>	<b>Transaction ID : D331245</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>26</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE GARCIA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">5002.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">159.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2131 NE Miami Gardens Drive		Amount <span style="margin-left: 20px;">194.95</span>
City North Miami Beach	State FL	
Zip Code 33179	<b>Transaction ID : D331246</b>	
Purpose of Expenditure Salary	Category/ Type <span style="margin-left: 20px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Marie Camy</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2131 NE Miami Gardens Drive		Amount <span style="margin-left: 20px;">194.95</span>
City North Miami Beach	State FL	
Zip Code 33179	<b>Transaction ID : D331247</b>	
Purpose of Expenditure Salary	Category/ Type <span style="margin-left: 20px;">001</span>	Office Sought: <input type="checkbox"/> House    State: <u>FL</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">389.90</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Ellis White</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>5571 Longspur Ave</b>		Amount <b>173.45</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32219</b>	<b>Transaction ID : D331236</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Ellis White</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>5571 Longspur Ave</b>		Amount <b>173.45</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32219</b>	<b>Transaction ID : D331237</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>346.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Corey Willborn</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">07</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>
Mailing Address 421 W Church Street Apt 716		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">329.88</span> </div>
City Jacksonville      State FL      Zip Code 32202		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D331238**

Full Name (Last, First, Middle Initial) of Payee <b>Corey Willborn</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">09</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">07</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>
Mailing Address 421 W Church Street Apt 716		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">329.87</span> </div>
City Jacksonville      State FL      Zip Code 32202		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House      State: FL <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D331239**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">659.75</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      [Electronically Filed]      Date 02 / 14 / 2013  
 Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2121 SW 2 Street Apt 7		Amount <span style="border: 1px solid black; padding: 2px;">176.08</span>
City Miami	State FL	
Zip Code 33135	<b>Transaction ID : D331240</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 07 / 2012
Mailing Address 2121 SW 2 Street Apt 7		Amount <span style="border: 1px solid black; padding: 2px;">176.08</span>
City Miami	State FL	
Zip Code 33135	<b>Transaction ID : D331241</b>	
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">352.16</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee <b>Velma Rounville</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3238 Sedona Trail		Amount <input type="text"/>
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	<b>Transaction ID : D331228</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Velma Rounville</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3238 Sedona Trail		Amount <input type="text"/>
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/ Type <input type="text"/> 001	<b>Transaction ID : D331229</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> 198.13
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ Date  /  /  02 / 14 / 2013

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Cameron Starkes</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 3919 Robert C Weaver Drive		Amount <b>194.75</b>
City Jacksonville	State FL	
Zip Code 32208	<b>Transaction ID : D331232</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Cameron Starkes</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 3919 Robert C Weaver Drive		Amount <b>194.75</b>
City Jacksonville	State FL	
Zip Code 32208	<b>Transaction ID : D331233</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>389.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marta Marcano</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 420 E Galvez Lane Apt 206		Amount <b>176.90</b>
City Ponte Vedra	State FL	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	<b>Transaction ID : D331222</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marta Marcano</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address 420 E Galvez Lane Apt 206		Amount <b>176.90</b>
City Ponte Vedra	State FL	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	<b>Transaction ID : D331223</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>353.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Adil McCoy</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>530 Fallen Timbers</b>		Amount <b>155.60</b>
City <b>Orange Park</b>	State      Zip Code <b>FL              32073</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331224</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Adil McCoy</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>530 Fallen Timbers</b>		Amount <b>155.59</b>
City <b>Orange Park</b>	State      Zip Code <b>FL              32073</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D331225</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Office Sought: <input type="checkbox"/> House      State: <b>FL</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>311.19</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      **[Electronically Filed]**      Date **02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Orlando Reyes</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 5807 Ricker Road		Amount 206.65
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D331226
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Orlando Reyes</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 5807 Ricker Road		Amount 206.65
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : D331227
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	413.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Devin Coleman</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>736 Odessa Street</b>		Amount <b>219.61</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32206</b>	<b>Transaction ID : D331218</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Devin Coleman</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>736 Odessa Street</b>		Amount <b>219.61</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32206</b>	<b>Transaction ID : D331219</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>245586.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>439.22</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Keanna Hall</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address 10862 Natalie Dr		Amount <span style="margin-left: 20px;">205.24</span>
City Jacksonville	State FL	
Zip Code 32218	<b>Transaction ID : D331220</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Keanna Hall</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 07 / 2012</b>
Mailing Address 10862 Natalie Dr		Amount <span style="margin-left: 20px;">205.24</span>
City Jacksonville	State FL	
Zip Code 32218	<b>Transaction ID : D331221</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>FL</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">410.48</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee <b>Walgreens</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9020 Biscayne Blvd.		Amount <input type="text"/>
City Miami	State FL	Zip Code 33138
Purpose of Expenditure Pre-Paid Debit Cards-Snacks for Campaign Offices		Transaction ID : D338884
Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1662785.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Walgreens</b>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9020 Biscayne Blvd.		Amount <input type="text"/>
City Miami	State FL	Zip Code 33138
Purpose of Expenditure Pre-Paid Debit Cards-Snacks for Campaign Offices		Transaction ID : D354964
Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District:
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 245586.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 2086.66
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera  
Signature

[Electronically Filed] Date  /  /



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group, Inc.</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 06 / 2012
Mailing Address 1720 I Street, NW Suite 550		Amount <span style="margin-left: 20px;">7215.00</span>
City Washington	State DC	
Zip Code 20006	<b>Transaction ID : D331590</b>	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group, Inc.</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 06 / 2012
Mailing Address 1720 I Street, NW Suite 550		Amount <span style="margin-left: 20px;">2405.00</span>
City Washington	State DC	
Zip Code 20006	<b>Transaction ID : D331591</b>	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">9620.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00521013</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Velma Rounsville</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">08</span> / <span style="font-size: 1.2em; padding: 0 5px;">31</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>
Mailing Address <b>3238 Sedona Trail</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">212.29</span> </div>
City <b>Jacksonville</b>	State      Zip Code <b>FL              32208</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">001</span> </div>	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D335317**

Full Name (Last, First, Middle Initial) of Payee <b>Yettie Thompkins</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">08</span> / <span style="font-size: 1.2em; padding: 0 5px;">31</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>
Mailing Address <b>414 Lincoln Rd.</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">480.62</span> </div>
City <b>Cocoa</b>	State      Zip Code <b>FL              32926</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">001</span> </div>	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1662785.69</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : D335320**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">692.91</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
 Signature

[Electronically Filed]      Date 02 / 14 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL</b>		Date <span style="float:right;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 01 / 2012
Mailing Address 1800 MASSACHUSETTS AVENUE NW		Amount <span style="float:right;">167461.83</span>
City WASHINGTON	State DC	
Zip Code 20036	<b>Transaction ID : D331361</b>	
Purpose of Expenditure In-Kind: Payment for salary and other canvass-related expenses from 9/1-9/30/12	Category/ Type <span style="float:right;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="float:right;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>SERVICE EMPLOYEES INTERNATIONAL UNION PEA-FEDERAL</b>		Date <span style="float:right;">M M M / D D D / Y Y Y Y Y Y</span> 09 / 01 / 2012
Mailing Address 1800 MASSACHUSETTS AVENUE NW		Amount <span style="float:right;">167461.83</span>
City WASHINGTON	State DC	
Zip Code 20036	<b>Transaction ID : D331362</b>	
Purpose of Expenditure In-Kind: Payment for salary and other canvass-related expenses from 9/1-9/30/12	Category/ Type <span style="float:right;">001</span>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="float:right;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="float:right;">334923.66</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	_____
(c) <b>TOTAL</b> Independent Expenditures.....▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Pilar Burgos</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>4214 Pershing Pointe Place #3</b>		Amount <b>509.30</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32822</b>	<b>Transaction ID : D335300</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Rochelle Jackson</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>PO Box 380265</b>		Amount <b>447.12</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33238</b>	<b>Transaction ID : D335301</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>956.42</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Rossana Torres</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>8820 Fontainebleau Blvd Apt 206</b>		Amount <b>400.29</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33172</b>	<b>Transaction ID : D335302</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Sarah Halper</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>709 S D Street</b>		Amount <b>246.66</b>
City <b>Lake Worth</b>	State <b>FL</b>	
Zip Code <b>33460</b>	<b>Transaction ID : D335304</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>646.95</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00521013</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>Shakera Bailey</b>		Date <b>08 / 31 / 2012</b>
Mailing Address <b>3740 Drew Street</b>		Amount <b>659.75</b>
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32207</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D335306

Full Name (Last, First, Middle Initial) of Payee <b>Troy Squire</b>		Date <b>08 / 31 / 2012</b>
Mailing Address <b>1356 W 32 Street</b>		Amount <b>400.45</b>
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32209</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D335315

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>1060.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed] Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Linda Echeverria</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address 11305 Spining Reel		Amount <b>483.77</b>
City Orlando	State FL	
Zip Code 32852	<b>Transaction ID : D335289</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Maria Acevedo</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address 2121 SW 2 Street Apt 7		Amount <b>442.12</b>
City Miami	State FL	
Zip Code 33135	<b>Transaction ID : D335291</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>925.89</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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*Gihan Perera*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Marilyn Carter</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address 1320 W 11 St		Amount <b>400.45</b>
City Jacksonville	State FL	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	<b>Transaction ID : D335293</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Mirlene Val</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address 1210 NE 113 Terrace #3		Amount <b>704.17</b>
City Miami	State FL	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	<b>Transaction ID : D335294</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>1104.62</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

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**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Ophelia Somers</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>2233 Adams Street Apt B</b>		Amount <b>659.75</b>
City <b>Hollywood</b>	State <b>FL</b>	
Zip Code <b>33020</b>	<b>Transaction ID : D335297</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Oscar Balladares</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>4231 NW 11 PL</b>		Amount <b>780.18</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33127</b>	<b>Transaction ID : D335298</b>	
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1439.93</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>John Brushwood</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>5308 Glasgow Ave</b>		Amount <b>955.42</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32819</b>	<b>Transaction ID : D335178</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>John Tracey</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>2812 Genessee Ave</b>		Amount <b>508.81</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33409</b>	<b>Transaction ID : D335278</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1464.23</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Jonathan Rodrigues</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>08 / 31 / 2012</b>
Mailing Address <b>3259 Carambol Circle South</b>		Amount <span style="margin-left: 20px;">671.29</span>
City <b>Coconut Creek</b>	State      Zip Code <b>FL              33066</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D335279</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Joseph Jay</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>08 / 31 / 2012</b>
Mailing Address <b>1714 E Mulberry Drive</b>		Amount <span style="margin-left: 20px;">682.25</span>
City <b>Tampa</b>	State      Zip Code <b>FL              33604</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	<b>Transaction ID : D335280</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1662785.69</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">1353.54</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*      **[Electronically Filed]**      Date M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Juan Rodriguez</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>3415 W Hillsborough Ave #726</b>		Amount <b>798.45</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33614</b>	<b>Transaction ID : D335282</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Keren Frederick</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>1341 NE 143 Street</b>		Amount <b>511.65</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33161</b>	<b>Transaction ID : D335285</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>1310.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**



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NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Estefania Galvis</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>10811 N Mc Kinley Dr.</b>		Amount <b>175.92</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33612</b>	<b>Transaction ID : D335136</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Gabriela Ortega</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>3732 Aldergate Pl.</b>		Amount <b>406.41</b>
City <b>Casselberry</b>	State <b>FL</b>	
Zip Code <b>32707</b>	<b>Transaction ID : D335143</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>582.33</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**

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**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Gloria Clowney</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>971 Foxfire TRL</b>		Amount <b>641.48</b>
City <b>Oviedo</b>	State <b>FL</b>	
Zip Code <b>32765</b>	<b>Transaction ID : D335144</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Gonzalo Valdes</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>8003 N Rome Avenue</b>		Amount <b>188.57</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33604</b>	<b>Transaction ID : D335145</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>830.05</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **02 / 14 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Annie Rodriguez</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>7925 Merrill Road Apt 2807</b>		Amount <b>780.18</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32277</b>	<b>Transaction ID : D335120</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Audeliz Sanchez</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>3104 Orchard Place</b>		Amount <b>509.30</b>
City <b>Kissimmee</b>	State <b>FL</b>	
Zip Code <b>34743</b>	<b>Transaction ID : D335124</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1289.48</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group, Inc.</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 21 / 2012
Mailing Address 1720 I Street, NW Suite 550		Amount <span style="border: 1px solid black; padding: 2px;">3840.00</span>
City Washington	State DC	
Zip Code 20006	<b>Transaction ID : D329833</b>	
Purpose of Expenditure Voter Canvass Literature	Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">245586.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Florida New Majority</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2012
Mailing Address 8330 Biscayne Blvd. Suite 1		Amount <span style="border: 1px solid black; padding: 2px;">31433.57</span>
City Miami	State FL	
Zip Code 33138	<b>Transaction ID : D357935</b>	
Purpose of Expenditure Reimbursement for Canvass & Program-Related Expenses as Itemized on Line 21B	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1662785.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">35273.57</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Florida Freedom PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Andre Broussard</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address 18 Catalina drive		Amount <b>798.45</b>
City DeBary	State FL	
Zip Code 32713	<b>Transaction ID : D335112</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Anne Pierre</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address 1852 SE Carvalho Street		Amount <b>641.48</b>
City Port St. Lucie	State FL	
Zip Code 34983	<b>Transaction ID : D335119</b>	
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1662785.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1439.93</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>1636678.74</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera*  
Signature

[Electronically Filed]    Date **02 / 14 / 2013**