

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Crabtree for Congress

ADDRESS (number and street)

PO BOX 421147

Check if different than previously reported. (ACC)

KISSIMMEE

FL

34742-1147

2. FEC IDENTIFICATION NUMBER ▼

C C00570820

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Valleri Crabtree

Signature of Treasurer Valleri Crabtree

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Crabtree for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	6454.62	3496.33
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6454.62	3496.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	6373.86	3496.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6373.86	3496.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-2062.40	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2293.16	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	150.00	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Crabtree for Congress

Report Covering the Period: From: 01 / 10 / 2013 To: 12 / 31 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
479.25	0.00	479.25
(ii) Unitemized		
0.00	0.00	0.00
(iii) Total of contributions from individuals		
479.25	0.00	479.25
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
5975.37	3496.33	2479.04
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
6454.62	3496.33	2958.29
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
150.00	0.00	150.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
150.00	0.00	150.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
6604.62	3496.33	3108.29

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 163

Write or Type Committee Name

Crabtree for Congress

 Report Covering the Period: From:  /  /  To:  /  / 
**II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="6373.86"/>	<input type="text" value="3496.33"/>	<input type="text" value="2877.53"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

2293.16	0.00	2293.16
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

8667.02	3496.33	5170.69
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

6454.62	3496.33	2958.29
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

6373.86	3496.33	2877.53
---------	---------	---------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	6604.62
25. SUBTOTAL (add Line 23 and Line 24).....	6604.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8667.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	-2062.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 163
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen S Carlson**

Mailing Address 617 Celebration Ave

City Celebration State FL Zip Code 34747-4690

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

Name of Employer Imagination Realty Occupation Owner - Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2014

**Transaction ID : VPF6ZAHHC7**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Douglas D Tudor**

Mailing Address 8914 Old Frederick Rd

City Ellicott City State MD Zip Code 21043-1926

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

Name of Employer Department of Defense Occupation Staff Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
279.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : VPF6ZAHHC8**

Amount of Each Receipt this Period  
279.25

\* In-Kind: Dinner

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

479.25

479.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ243</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 42.56	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 42.56		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 05 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ251</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 20.09	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 62.65		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 07 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ269</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 28.39	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 91.04		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.04
<b>TOTAL</b> This Period (last page this line number only).....	91.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ277</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 20.11	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 111.15		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ285</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 15.29	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 126.44		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ016</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 12.85	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 139.29		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48.25
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHHZX4</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 14.19	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 153.48		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJZ93</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 23.80	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 177.28		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2A1</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 26.46	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 203.74		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	64.45
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 04 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2B9</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 26.32
Name of Employer DeVry University	Occupation Professor	* In-Kind: Lunch Meetings
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 230.06	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2C7</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 16.67
Name of Employer DeVry University	Occupation Professor	* In-Kind: Lunch Meetings
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 246.73	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2D4</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 22.99
Name of Employer DeVry University	Occupation Professor	* In-Kind: Lunch Meetings
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 269.72	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 163
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**306.34**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 22 2013**

**Transaction ID : VPF6ZAHJ040**

Amount of Each Receipt this Period  
**36.62**

\* In-Kind: Lunch Meetings

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**330.52**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 03 2013**

**Transaction ID : VPF6ZAHJ024**

Amount of Each Receipt this Period  
**24.18**

\* In-Kind: Promo materials

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**349.32**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 06 2013**

**Transaction ID : VPF6ZAHJ2E2**

Amount of Each Receipt this Period  
**18.80**

\* In-Kind: Lunch Meetings

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

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

**79.60**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2F0</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 26.05	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.37		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHHZY2</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 12.54	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 387.91		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 16 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ032</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 18.13	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 406.04		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56.72
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 163
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 20 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ058</b>
City Kissimmee	State FL	Zip Code 34741-7823
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period ..... 21.55
Name of Employer DeVry University	Occupation Professor	* In-Kind: Lunch Meetings
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date ..... 427.59	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2G8</b>
City Kissimmee	State FL	Zip Code 34741-7823
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period ..... 19.04
Name of Employer DeVry University	Occupation Professor	* In-Kind: Lunch Meetings
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date ..... 446.63	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2H6</b>
City Kissimmee	State FL	Zip Code 34741-7823
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period ..... 9.63
Name of Employer DeVry University	Occupation Professor	* In-Kind: Lunch Meetings
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date ..... 456.26	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	..... 50.22
<b>TOTAL</b> This Period (last page this line number only).....	.....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
**935.10**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2013**

**Transaction ID : VPF6ZAHZZ0**

Amount of Each Receipt this Period  
**39.01**

\* In-Kind: Gasoline for trip to Washington, DC

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
**935.10**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2013**

**Transaction ID : VPF6ZAHJ066**

Amount of Each Receipt this Period  
**3.26**

\* In-Kind: Meal during trip to Washington, DC

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
**935.10**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2013**

**Transaction ID : VPF6ZAHJ073**

Amount of Each Receipt this Period  
**365.13**

\* In-Kind: Lodging expenses for Washington, DC trip

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

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

**407.40**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
**935.10**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2013**

**Transaction ID : VPF6ZAHJ2J4**

Amount of Each Receipt this Period  
**39.50**

\* In-Kind: Gasoline for trip to Washington, DC

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
**935.10**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2013**

**Transaction ID : VPF6ZAHJ2K2**

Amount of Each Receipt this Period  
**31.94**

\* In-Kind: Gasoline for trip to Washington, DC

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
**1012.69**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 17 / 2013**

**Transaction ID : VPF6ZAHJ008**

Amount of Each Receipt this Period  
**8.13**

\* In-Kind: Meal during trip to Washington, DC

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

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

**79.57**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ081</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 12.53	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1012.69		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ099</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 7.61	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1012.69		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0A7</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 7.61	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1012.69		
* In-Kind: Meal during trip to Washington, DC			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27.75
<b>TOTAL</b> This Period (last page this line number only).....	27.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2M0</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 18.75	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1012.69		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2N8</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 5.96	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1012.69		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2P6</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 17.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1012.69		
* In-Kind: Parking expenses during trip to Washington, DC			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 41.71
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0B5</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 20.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1088.65		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0C3</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 26.57	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1088.65		
* In-Kind: Gasoline for trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2Q3</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 28.40	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1088.65		
* In-Kind: Meal during trip to Washington, DC			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.96
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 19 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0D1</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 4.49
Name of Employer DeVry University	Occupation Professor	* In-Kind: Meal during trip to Washington, DC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1166.65	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 19 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2R1</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 51.51
Name of Employer DeVry University	Occupation Professor	* In-Kind: Meal during trip to Washington, DC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1166.65	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 19 / 2013
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2S9</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 22.00
Name of Employer DeVry University	Occupation Professor	* In-Kind: Parking expenses during trip to Washington, DC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1166.65	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0E9</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 22.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1188.65		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0F7</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 21.58	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1210.23		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2T7</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 15.90	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1226.13		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.48
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2V5</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 21.78	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1247.91		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0G5</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 64.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1311.91		
		* In-Kind: Admission to Solivita Democrats Gala	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0H2</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 62.53	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1374.44		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	148.31
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2W3</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 23.26	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1397.70		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2X1</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 33.24	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1430.94		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 06 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2Y9</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 22.19	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1453.13		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.69
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0J0</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1501.10		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0K8</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1501.10		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2013	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ2Z7</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1501.10		
		* In-Kind: Domains	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 47.97
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1531.10**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 08 / 2014**

**Transaction ID : VPF6ZAHJ0M6**

Amount of Each Receipt this Period  
**30.00**

\* In-Kind: Admission to Monthly Meeting Dinner

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1681.10**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 06 / 2014**

**Transaction ID : VPF6ZAHJ0N4**

Amount of Each Receipt this Period  
**150.00**

\* In-Kind: Admission to Annual Gala

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1724.29**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 08 / 2014**

**Transaction ID : VPF6ZAHJ305**

Amount of Each Receipt this Period  
**43.19**

\* In-Kind: Admission to Taking the Pulse of Healthcare

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

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

**223.19**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ312</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 45.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1769.29		
		* In-Kind: Admission to 2014 State of Osceola Luncheon	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ320</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 30.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1799.29		
		* In-Kind: Admission to Monthly Meeting Dinner	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ338</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 31.20	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1830.49		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	106.20
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0P2</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 25.41	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1855.90		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0Q0</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 25.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1880.90		
		* In-Kind: Admission to Woman of Influence	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 08 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ346</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 35.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1915.90		
		* In-Kind: Admission to FL Legislative Session	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.41
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ354</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 20.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1935.90		
		* In-Kind: Admission to Quaterly Lunch	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ370</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 40.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2525.90		
		* In-Kind: Admission to Osceola Hob Nob	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ566</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 550.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2525.90		
		<b>[MEMO ITEM]</b> * In-Kind: FOR REIMBURSEMENT: Exhibitor space fee at Osceola County Fair	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	60.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0R8</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 60.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2585.90		
		* In-Kind: Admission to Monthly Meeting Dinner	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0S6</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 30.27	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2616.17		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0T4</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 133.75	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2955.42		
		* In-Kind: Venue rental fee for campaign event	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	224.02
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0V1</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 205.50	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2955.42		
		* In-Kind: Venue rental fee for campaign event	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ388</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 64.95	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3020.37		
		* In-Kind: Photography	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ396</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 115.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3135.37		
		* In-Kind: Venue rental fee for campaign event	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.45
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3170.81**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 29 2014**

**Transaction ID : VPF6ZAHJ3A4**

Amount of Each Receipt this Period  
**35.44**

\* In-Kind: Lunch Meetings

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3186.13**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 06 2014**

**Transaction ID : VPF6ZAHJ3B1**

Amount of Each Receipt this Period  
**15.32**

\* In-Kind: Lunch Meetings

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3211.13**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 08 2014**

**Transaction ID : VPF6ZAHJ0W9**

Amount of Each Receipt this Period  
**25.00**

\* In-Kind: Admission to Woman of Influence

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

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

**75.76**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0X7</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 10.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3221.13		
* In-Kind: Admission to 3rd Annual Head 2 Toe			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0Y5</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 30.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3251.13		
* In-Kind: Admission to Politics in the Barn			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ0Z3</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 68.86	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3319.99		
* In-Kind: Lunch Meetings			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	108.86
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3C9</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 36.22	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3356.21		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3D7</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 32.44	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3388.65		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3E5</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 44.74	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3433.39		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	113.40
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3F3</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 42.60	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3475.99		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ101</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 200.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3675.99		
		* In-Kind: Admission to Hispanic Heritage Gala	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ119</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 35.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3710.99		
		* In-Kind: Admission to County Commision Debate	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	277.60
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ127</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 65.28	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3776.27		
		* In-Kind: Admission to Black & White Gala	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ135</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 12.91	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3789.18		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3G1</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 55.65	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3844.83		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.84
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3H9</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 25.00
Name of Employer DeVry University	Occupation Professor	* In-Kind: Admission to Woman of Influence
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3869.83	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3J7</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 75.96
Name of Employer DeVry University	Occupation Professor	* In-Kind: Lunch Meetings
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3945.79	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ143</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 26.90
Name of Employer DeVry University	Occupation Professor	* In-Kind: Lunch Meetings
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4006.33	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3K5</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 33.64	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4006.33		
		* In-Kind: Admission to Election Night Party	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ150</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 40.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4046.33		
		* In-Kind: Venue rental fee for campaign event	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ168</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 14.89	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14.89		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.53
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 16 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ176</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 14.67	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 899.54		
		* In-Kind: Meal during trip to Washington, DC	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 16 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3M3</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 30.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 899.54		
		* In-Kind: Gasoline for trip to Washington, DC	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 16 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3N0</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 31.01	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 899.54		
		* In-Kind: Gasoline for trip to Washington, DC	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.68
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 16 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3P8</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 15.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 899.54		
		* In-Kind: Gasoline for trip to Washington, DC	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 16 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3Q6</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 793.97	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 899.54		
		* In-Kind: Lodging expenses for Washington, DC trip	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ184</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 22.45	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 951.02		
		* In-Kind: Meal during trip to Washington, DC	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 831.42
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ192</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 29.03
Name of Employer DeVry University	Occupation Professor	* In-Kind: Gasoline for trip to Washington, DC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 951.02	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1A0</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 20.00
Name of Employer DeVry University	Occupation Professor	* In-Kind: Parking expenses during trip to Washington, DC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1029.27	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1B8</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 58.25
Name of Employer DeVry University	Occupation Professor	* In-Kind: Meal during trip to Washington, DC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1029.27	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
1092.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2014

**Transaction ID : VPF6ZAHJ3R4**

Amount of Each Receipt this Period  
20.00

\* In-Kind: Parking expenses during trip to Washington, DC

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
1092.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2014

**Transaction ID : VPF6ZAHJ3S2**

Amount of Each Receipt this Period  
20.00

\* In-Kind: Parking expenses during trip to Washington, DC

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
1092.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2014

**Transaction ID : VPF6ZAHJ3T0**

Amount of Each Receipt this Period  
22.75

\* In-Kind: Meal during trip to Washington, DC

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

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

62.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1141.65**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 20 / 2014**

**Transaction ID : VPF6ZAHJ1C6**

Amount of Each Receipt this Period  
**9.71**

\* In-Kind: Meal during trip to Washington, DC

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1141.65**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 20 / 2014**

**Transaction ID : VPF6ZAHJ1D4**

Amount of Each Receipt this Period  
**2.90**

\* In-Kind: Meal during trip to Washington, DC

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1141.65**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 20 / 2014**

**Transaction ID : VPF6ZAHJ1E2**

Amount of Each Receipt this Period  
**17.02**

\* In-Kind: Meal during trip to Washington, DC

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

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

**29.63**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3V8</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 20.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1141.65		
* In-Kind: Parking expenses during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1F9</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 12.49	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1245.75		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3W6</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 61.47	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1245.75		
* In-Kind: Meal during trip to Washington, DC			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	93.96
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3X4</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 30.14	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1245.75		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1G7</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 15.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1383.40		
* In-Kind: Gasoline for trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1H5</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 33.09	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1383.40		
* In-Kind: Gasoline for trip to Washington, DC			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.23
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3Y2</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 8.46	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1383.40		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ3Z9</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 15.78	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1383.40		
* In-Kind: Meal during trip to Washington, DC			

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ407</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 2.63	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1383.40		
* In-Kind: Meal during trip to Washington, DC			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	26.87
<b>TOTAL</b> This Period (last page this line number only).....	26.87

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

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

FOR LINE NUMBER: PAGE 46 OF 163  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1383.40**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 22 2014**

**Transaction ID : VPF6ZAHJ415**

Amount of Each Receipt this Period  
**11.39**

\* In-Kind: Meal during trip to Washington, DC

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1383.40**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 22 2014**

**Transaction ID : VPF6ZAHJ423**

Amount of Each Receipt this Period  
**22.28**

\* In-Kind: Gasoline for trip to Washington, DC

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1383.40**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 22 2014**

**Transaction ID : VPF6ZAHJ431**

Amount of Each Receipt this Period  
**29.02**

\* In-Kind: Gasoline for trip to Washington, DC

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

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

**62.69**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1J3</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1K1</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1M7</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 9.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41.97
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1N5</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 9.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1P3</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 8.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1Q1</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 8.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27.97
<b>TOTAL</b> This Period (last page this line number only).....	27.97

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ449</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ457</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 9.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ465</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 8.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1488.31		
		* In-Kind: Domains	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.97
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ473</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 46.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1564.91		
		* In-Kind: PO Box Fee	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ481</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 30.60	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1564.91		
		* In-Kind: Fictitious Name Publicaion	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ498</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1599.88		
		* In-Kind: Domains	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.59
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ4A6</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 9.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1599.88		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ4B4</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 8.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1599.88		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1R9</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 25.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1624.88		
		* In-Kind: Membership Dues	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.98
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1644.87**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 02 2014**

**Transaction ID : VPF6ZAHJ1S6**

Amount of Each Receipt this Period  
**19.99**

\* In-Kind: Postage

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1654.67**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 04 2014**

**Transaction ID : VPF6ZAHJ1T4**

Amount of Each Receipt this Period  
**9.80**

\* In-Kind: Postage

**C.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1716.67**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 05 2014**

**Transaction ID : VPF6ZAHJ1V2**

Amount of Each Receipt this Period  
**60.00**

\* In-Kind: Fictitious Name Filing

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

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

**89.79**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1W0</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 2.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1716.67		
		* In-Kind: Fax	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1X8</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1784.83		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1Y6</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period _____ 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1784.83		
		* In-Kind: Domains	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 33.98
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ1Z4</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 15.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1784.83		
		* In-Kind: Domains	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ202</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 20.19	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1784.83		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ210</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 84.79	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1869.62		
		* In-Kind: Lunch Meetings	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.97
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ573</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 1210.66	
Name of Employer DeVry University	Occupation Professor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3080.28		

**[MEMO ITEM]**  
\* In-Kind: FOR REIMBURSEMENT: Campaign tent and signs

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ228</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 15.36	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3095.64		

\* In-Kind: Lunch Meetings

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ235</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 7.81	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3103.45		

\* In-Kind: Lunch Meetings

<b>SUBTOTAL</b> of Receipts This Page (optional).....	23.17
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ4D0</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 11.68	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3119.13		
		* In-Kind: Lunch Meetings	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ4E8</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 4.00	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3119.13		
		* In-Kind: Parking expenses for campaign event meeting	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2014	
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ4F6</b>	
City Kissimmee	State FL	Zip Code 34741-7823	
FEC ID number of contributing federal political committee. C H6FL09146		Amount of Each Receipt this Period 9.99	
Name of Employer DeVry University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3129.12		
		* In-Kind: Domains	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 163
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ4G4</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 4.00
Name of Employer DeVry University	Occupation Professor	* In-Kind: Parking expenses for campaign event meeting
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3133.12	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ599</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 532.50
Name of Employer DeVry University	Occupation Professor	* In-Kind: FOR REIMBURSEMENT: Venue for campaign launch event
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3665.62	

Full Name (Last, First, Middle Initial) <b>Valleri Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 2380 Painter Ln		<b>Transaction ID : VPF6ZAHJ4H2</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. <b>C H6FL09146</b>		Amount of Each Receipt this Period 24.08
Name of Employer DeVry University	Occupation Professor	* In-Kind: Name Badges
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3689.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.58
<b>TOTAL</b> This Period (last page this line number only).....	5975.37

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

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

FOR LINE NUMBER: PAGE 58 OF 163  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 12 2014

**Transaction ID : VPF6ZAHJ540**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Valleri Crabtree**

Mailing Address 2380 Painter Ln

City State Zip Code  
Kissimmee FL 34741-7823

FEC ID number of contributing federal political committee. **C H6FL09146**

Name of Employer Occupation  
DeVry University Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 01 2014

**Transaction ID : VPF6ZAHJ558**

Amount of Each Receipt this Period  
50.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

150.00

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Abuelo's</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013		
Mailing Address 2431 W Osceola Pkwy			Amount of Each Disbursement this Period 21.58		
City Kissimmee	State FL	Zip Code 34741-0767	Transaction ID : VPE7Q9M1C18		
Purpose of Disbursement Lunch Meetings		Category/ Type	[MEMO ITEM] *		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Abuelo's</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014		
Mailing Address 2431 W Osceola Pkwy			Amount of Each Disbursement this Period 30.27		
City Kissimmee	State FL	Zip Code 34741-0767	Transaction ID : VPE7Q9M1C26		
Purpose of Disbursement Lunch Meetings		Category/ Type	[MEMO ITEM] *		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Abuelo's</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014		
Mailing Address 2431 W Osceola Pkwy			Amount of Each Disbursement this Period 32.44		
City Kissimmee	State FL	Zip Code 34741-0767	Transaction ID : VPE7Q9M1C41		
Purpose of Disbursement Lunch Meetings		Category/ Type	[MEMO ITEM] *		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alpha Specialties &amp; Awards</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 305 W Bass St		Amount of Each Disbursement this Period 24.08
City Kissimmee	State FL	
Zip Code 34741-5011	Purpose of Disbursement Name Badges	[MEMO ITEM] *
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. BJ's Restaurant Brewhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 2421 W Osceola Pkwy		Amount of Each Disbursement this Period 84.79
City Kissimmee	State FL	
Zip Code 34741-0767	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Broadway Pizza Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 403 Broadway		Amount of Each Disbursement this Period 42.60
City Kissimmee	State FL	
Zip Code 34741-5719	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Broadway Pizza Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 403 Broadway			Amount of Each Disbursement this Period 14.89
City Kissimmee	State FL	Zip Code 34741-5719	
Purpose of Disbursement Lunch Meetings		Candidate Name	Transaction ID : VPE7Q9M1D78
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)		Category/ Type	[MEMO ITEM] *
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Broadway Pizza Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 403 Broadway			Amount of Each Disbursement this Period 20.19
City Kissimmee	State FL	Zip Code 34741-5719	
Purpose of Disbursement Lunch Meetings		Candidate Name	Transaction ID : VPE7Q9M1D86
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)		Category/ Type	[MEMO ITEM] *
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Buchito Restaurant, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 131 Broadway			Amount of Each Disbursement this Period 11.68
City Kissimmee	State FL	Zip Code 34741-5713	
Purpose of Disbursement Lunch Meetings		Candidate Name	Transaction ID : VPE7Q9M1F06
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)		Category/ Type	[MEMO ITEM] *
State:	District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Burger King</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 5017 Fayetteville Rd		Amount of Each Disbursement this Period 15.78
City Lumberton	State NC	
Zip Code 28358-2107	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1E29
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Visitor Center Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address South Capitol Street Southwest		Amount of Each Disbursement this Period 28.40
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BT2
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Caribou Coffee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 1800 M St NW		Amount of Each Disbursement this Period 7.61
City Washington	State DC	
Zip Code 20036-5802	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BN3
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Caribou Coffee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 1800 M St NW		Amount of Each Disbursement this Period 7.61
City Washington	State DC	
Zip Code 20036-5802	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BR7
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cedar Creek Country Store</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 1930 Cedar Creek Rd		Amount of Each Disbursement this Period 39.50
City Fayetteville	State NC	
Zip Code 28312-9542	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1BF5
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Celebration Town Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 721 Front St		Amount of Each Disbursement this Period 26.05
City Celebration	State FL	
Zip Code 34747-4918	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1B23
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Celebration Town Tavern</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2013
Mailing Address 721 Front St			Amount of Each Disbursement this Period 9.63
City Celebration	State FL	Zip Code 34747-4918	
Purpose of Disbursement Lunch Meetings		Candidate Name	Transaction ID : VPE7Q9M1B56
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:	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. Celebration Town Tavern</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 721 Front St			Amount of Each Disbursement this Period 25.41
City Celebration	State FL	Zip Code 34747-4918	
Purpose of Disbursement Lunch Meetings		Candidate Name	Transaction ID : VPE7Q9M1B72
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:	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C. Celebration Town Tavern</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 721 Front St			Amount of Each Disbursement this Period 35.44
City Celebration	State FL	Zip Code 34747-4918	
Purpose of Disbursement Lunch Meetings		Candidate Name	Transaction ID : VPE7Q9M1B80
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:	[MEMO ITEM] *

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Celebration Town Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 721 Front St		Amount of Each Disbursement this Period 55.65
City Celebration	State FL	
Zip Code 34747-4918	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1BA6
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Central Florida Hotel and Lodging Association</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 6675 Westwood Blvd Ste 210		Amount of Each Disbursement this Period 45.00
City Orlando	State FL	
Zip Code 32821-6015	Purpose of Disbursement Admission to 2014 State of Osceola Luncheon	Transaction ID : VPE7Q9M1CJ2
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chili's Grill &amp; Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2013
Mailing Address 4650 13th St		Amount of Each Disbursement this Period 19.04
City Saint Cloud	State FL	
Zip Code 34769-6765	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1B98
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chili's Grill &amp; Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 3284 N John Young Pkwy		Amount of Each Disbursement this Period 21.78
City Kissimmee	State FL	
Zip Code 34741-7549	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Chili's Grill &amp; Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 4650 13th St		Amount of Each Disbursement this Period 26.90
City Saint Cloud	State FL	
Zip Code 34769-6765	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Chipotle Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 431 13th St		Amount of Each Disbursement this Period 15.36
City Saint Cloud	State FL	
Zip Code 34769-4602	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. City of Kissimmee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 101 Church St		Amount of Each Disbursement this Period 133.75
City Kissimmee	State FL	
Purpose of Disbursement Venue rental fee for campaign event		Transaction ID : VPE7Q9M1CY7
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. City of Kissimmee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 101 Church St		Amount of Each Disbursement this Period 40.00
City Kissimmee	State FL	
Purpose of Disbursement Venue rental fee for campaign event		Transaction ID : VPE7Q9M1CZ5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. City of Orlando</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 53 W Central Blvd		Amount of Each Disbursement this Period 4.00
City Orlando	State FL	
Purpose of Disbursement Parking expenses for campaign event meeting		Transaction ID : VPE7Q9M1F14
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. City of Orlando</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 53 W Central Blvd		Amount of Each Disbursement this Period 4.00
City Orlando	State FL Zip Code 32801-2403	
Purpose of Disbursement Parking expenses for campaign event meeting		Transaction ID : VPE7Q9M1F22
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Columbia Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2013
Mailing Address 649 Front St		Amount of Each Disbursement this Period 28.39
City Celebration	State FL Zip Code 34747-4676	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPE7Q9M1AH8
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Columbia Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 649 Front St		Amount of Each Disbursement this Period 12.85
City Celebration	State FL Zip Code 34747-4676	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPE7Q9M1AM2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Columbia Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2013
Mailing Address 649 Front St		Amount of Each Disbursement this Period 26.32
City Celebration	State FL	
Zip Code 34747-4676	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Columbia Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address 649 Front St		Amount of Each Disbursement this Period 22.99
City Celebration	State FL	
Zip Code 34747-4676	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 42.56
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	42.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 20.09
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 28.39
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 20.11
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.29
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ285I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 12.85
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ016I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 14.19
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHHZX4I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	42.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 23.80
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ293I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 26.46
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ2A1I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 26.32
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ2B9I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 16.67
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 22.99
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 36.62
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 24.18
City Kissimmee	State FL	
Purpose of Disbursement Promo materials		Transaction ID : VPF6ZAHJ024I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 18.80
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ2E2I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 26.05
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ2F0I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	69.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 12.54
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHHZY2I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 18.13
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ032I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 21.55
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ058I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	52.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.04
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.63
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 39.01
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Gasoline for trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	67.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 3.26
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ066I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 365.13
City Kissimmee	State FL	
Purpose of Disbursement Lodging expenses for Washington, DC trip		Transaction ID : VPF6ZAHJ073I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 39.50
City Kissimmee	State FL	
Purpose of Disbursement Gasoline for trip to Washington, DC		Transaction ID : VPF6ZAHJ2J4I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	407.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 31.94
City Kissimmee	State FL	
Purpose of Disbursement Gasoline for trip to Washington, DC		Transaction ID : VPF6ZAHJ2K2I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 8.13
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ008I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 12.53
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ081I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	52.60
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 7.61
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Meal during trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 7.61
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Meal during trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 18.75
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Meal during trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 5.96
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ2N8I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 17.00
City Kissimmee	State FL	
Purpose of Disbursement Parking expenses during trip to Washington, DC		Transaction ID : VPF6ZAHJ2P6I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 20.99
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ0B5I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 26.57
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Gasoline for trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 28.40
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Meal during trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 4.49
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Meal during trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 163		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 95.51 <b>Transaction ID : VPF6ZAHJ2R11</b>
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	

\* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 22.00 <b>Transaction ID : VPF6ZAHJ2S9I</b>
City Kissimmee	State FL	
Purpose of Disbursement Parking expenses during trip to Washington, DC		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	

\* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 22.00 <b>Transaction ID : VPF6ZAHJ0E9I</b>
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	

\* In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	95.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2013</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>21.58</b>
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings	Category/ Type	
Candidate Name <b>Valleri Crabtree</b>		Transaction ID : <b>VPF6ZAHJ0F7I</b>
Office Sought: <input checked="" 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: FL	District: 09	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2013</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>15.90</b>
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings	Category/ Type	
Candidate Name <b>Valleri Crabtree</b>		Transaction ID : <b>VPF6ZAHJ2T7I</b>
Office Sought: <input checked="" 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: FL	District: 09	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2013</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>21.78</b>
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings	Category/ Type	
Candidate Name <b>Valleri Crabtree</b>		Transaction ID : <b>VPF6ZAHJ2V5I</b>
Office Sought: <input checked="" 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: FL	District: 09	* In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>59.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 64.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to Solivita Democrats Gala		Transaction ID : VPF6ZAHJ0G51
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 62.53
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ0H21
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 23.26
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ2W31
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	149.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 33.24
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ2X11
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 22.19
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ2Y9I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.99
City Kissimmee	State FL	
Purpose of Disbursement Domains		Transaction ID : VPF6ZAHJ0J0I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.99
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Domains	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.99
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Domains	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 30.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Admission to Monthly Meeting Dinner	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 150.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to Annual Gala		Transaction ID : VPF6ZAHJ0N4I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 43.19
City Kissimmee	State FL	
Purpose of Disbursement Admission to Taking the Pulse of Healthcare		Transaction ID : VPF6ZAHJ305I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 45.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to 2014 State of Osceola Luncheon		Transaction ID : VPF6ZAHJ312I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	238.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 30.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Admission to Monthly Meeting Dinner	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 31.20
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 25.41
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	86.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 8 0 0 0 . 0 0 25.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to Woman of Influence		Transaction ID : VPF6ZAHJ0Q0I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 8 0 0 0 . 0 0 35.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to FL Legislative Session		Transaction ID : VPF6ZAHJ346I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 8 0 0 0 . 0 0 20.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to Quaterly Lunch		Transaction ID : VPF6ZAHJ354I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 40.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to Osceola Hob Nob		Transaction ID : VPF6ZAHJ370I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 550.00
City Kissimmee	State FL	
Purpose of Disbursement FOR REIMBURSEMENT: Exhibitor space fee at Osceola County Fair		Transaction ID : VPF6ZAHJ566I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 60.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to Monthly Meeting Dinner		Transaction ID : VPF6ZAHJ0R8I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2014</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>30.27</b>
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	<b>Transaction ID : VPF6ZAHJ0S61</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 01 / 2014</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>133.75</b>
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Venue rental fee for campaign event	<b>Transaction ID : VPF6ZAHJ0T4I</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 01 / 2014</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>205.50</b>
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Venue rental fee for campaign event	<b>Transaction ID : VPF6ZAHJ0V1I</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>369.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 163		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 64.95 <b>Transaction ID : VPF6ZAHJ388I</b>
City Kissimmee	State FL	
Purpose of Disbursement Photography		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	

\* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 115.00 <b>Transaction ID : VPF6ZAHJ396I</b>
City Kissimmee	State FL	
Purpose of Disbursement Venue rental fee for campaign event		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	

\* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 35.44 <b>Transaction ID : VPF6ZAHJ3A4I</b>
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	

\* In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	215.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.32
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 25.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Admission to Woman of Influence	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 10.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Admission to 3rd Annual Head 2 Toe	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 30.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Admission to Politics in the Barn	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 68.86
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 36.22
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	135.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 32.44
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 44.74
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 42.60
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	119.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VPF6ZAHJ101I</b>
City Kissimmee	State FL	
Purpose of Disbursement Admission to Hispanic Heritage Gala		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VPF6ZAHJ119I</b>
City Kissimmee	State FL	
Purpose of Disbursement Admission to County Commision Debate		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 65.28 <b>Transaction ID : VPF6ZAHJ127I</b>
City Kissimmee	State FL	
Purpose of Disbursement Admission to Black & White Gala		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	* In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	300.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 163		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9,999.99 12.91
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ135I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9,999.99 55.65
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPF6ZAHJ3G1I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9,999.99 25.00
City Kissimmee	State FL	
Purpose of Disbursement Admission to Woman of Influence		Transaction ID : VPF6ZAHJ3H9I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	93.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>75.96</b>
City <b>Kissimmee</b>	State <b>FL</b>	
Zip Code <b>34741-7823</b>		<b>Transaction ID : VPF6ZAHJ3J7I</b>
Purpose of Disbursement <b>Lunch Meetings</b>	Category/ Type	
Candidate Name <b>Valleri Crabtree</b>		* In-Kind Received
Office Sought: <input checked="" 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: <b>FL</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>26.90</b>
City <b>Kissimmee</b>	State <b>FL</b>	
Zip Code <b>34741-7823</b>		<b>Transaction ID : VPF6ZAHJ143I</b>
Purpose of Disbursement <b>Lunch Meetings</b>	Category/ Type	
Candidate Name <b>Valleri Crabtree</b>		* In-Kind Received
Office Sought: <input checked="" 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: <b>FL</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>33.64</b>
City <b>Kissimmee</b>	State <b>FL</b>	
Zip Code <b>34741-7823</b>		<b>Transaction ID : VPF6ZAHJ3K5I</b>
Purpose of Disbursement <b>Admission to Election Night Party</b>	Category/ Type	
Candidate Name <b>Valleri Crabtree</b>		* In-Kind Received
Office Sought: <input checked="" 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: <b>FL</b> District: <b>09</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>136.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>40.00</b>
City Kissimmee	State FL	
Purpose of Disbursement Venue rental fee for campaign event		Transaction ID : <b>VPF6ZAHJ150I</b>
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2014</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>14.89</b>
City Kissimmee	State FL	
Purpose of Disbursement Lunch Meetings		Transaction ID : <b>VPF6ZAHJ168I</b>
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 16 / 2014</b>
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period <b>14.67</b>
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : <b>VPF6ZAHJ176I</b>
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>69.56</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 30.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Gasoline for trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 31.01
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Gasoline for trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Gasoline for trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 16 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>793.97</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Lodging expenses for Washington, DC trip</b>	<b>Transaction ID : VPF6ZAHJ3Q6I</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	<b>* In-Kind Received</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>22.45</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Meal during trip to Washington, DC</b>	<b>Transaction ID : VPF6ZAHJ184I</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	<b>* In-Kind Received</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>29.03</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Gasoline for trip to Washington, DC</b>	<b>Transaction ID : VPF6ZAHJ192I</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	<b>* In-Kind Received</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>845.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 98.25
City Kissimmee	State FL	
Purpose of Disbursement Parking expenses during trip to Washington, DC		Transaction ID : VPF6ZAHJ1A0I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 58.25
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ1B8I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 20.00
City Kissimmee	State FL	
Purpose of Disbursement Parking expenses during trip to Washington, DC		Transaction ID : VPF6ZAHJ3R4I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 20.00
City Kissimmee	State FL	
Purpose of Disbursement Parking expenses during trip to Washington, DC		Transaction ID : VPF6ZAHJ3S2I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 22.75
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ3T0I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.71
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ1C6I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	52.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 2.90
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ1D4I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 17.02
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ1E2I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 20.00
City Kissimmee	State FL	
Purpose of Disbursement Parking expenses during trip to Washington, DC		Transaction ID : VPF6ZAHJ3V8I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	39.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 21 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>12.49</b>
City <b>Kissimmee</b>	State <b>FL</b>	
Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Meal during trip to Washington, DC</b>	<b>Transaction ID : VPF6ZAHJ1F9I</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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)	* In-Kind Received
State: <b>FL</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 21 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>61.47</b>
City <b>Kissimmee</b>	State <b>FL</b>	
Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Meal during trip to Washington, DC</b>	<b>Transaction ID : VPF6ZAHJ3W6I</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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)	* In-Kind Received
State: <b>FL</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 21 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>30.14</b>
City <b>Kissimmee</b>	State <b>FL</b>	
Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Meal during trip to Washington, DC</b>	<b>Transaction ID : VPF6ZAHJ3X4I</b>
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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)	* In-Kind Received
State: <b>FL</b> District: <b>09</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>104.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Gasoline for trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 33.09
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Gasoline for trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 8.46
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Meal during trip to Washington, DC	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.78
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ3Z9I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 2.63
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ407I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 11.39
City Kissimmee	State FL	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPF6ZAHJ415I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 22.28
City Kissimmee	State FL	
Purpose of Disbursement Gasoline for trip to Washington, DC		Transaction ID : VPF6ZAHJ423I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 29.02
City Kissimmee	State FL	
Purpose of Disbursement Gasoline for trip to Washington, DC		Transaction ID : VPF6ZAHJ431I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.99
City Kissimmee	State FL	
Purpose of Disbursement Domains		Transaction ID : VPF6ZAHJ1J3I
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	67.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.99 Transaction ID : VPF6ZAHJ1K11
City Kissimmee	State FL	
Purpose of Disbursement Domains		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.99 Transaction ID : VPF6ZAHJ1M7I
City Kissimmee	State FL	
Purpose of Disbursement Domains		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.99 Transaction ID : VPF6ZAHJ1N5I
City Kissimmee	State FL	
Purpose of Disbursement Domains		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>8.99</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Category/Type	
Purpose of Disbursement Domains		<b>Transaction ID : VPF6ZAHJ1P3I</b>
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>8.99</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Category/Type	
Purpose of Disbursement Domains		<b>Transaction ID : VPF6ZAHJ1Q1I</b>
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>15.99</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Category/Type	
Purpose of Disbursement Domains		<b>Transaction ID : VPF6ZAHJ449I</b>
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		* In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>33.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>9.99</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Domains</b>	
Candidate Name <b>Valleri Crabtree</b>	Category/Type	<b>Transaction ID : VPF6ZAHJ457I</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		<b>* In-Kind Received</b>

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>8.99</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Domains</b>	
Candidate Name <b>Valleri Crabtree</b>	Category/Type	<b>Transaction ID : VPF6ZAHJ465I</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		<b>* In-Kind Received</b>

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>46.00</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>PO Box Fee</b>	
Candidate Name <b>Valleri Crabtree</b>	Category/Type	<b>Transaction ID : VPF6ZAHJ473I</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		<b>* In-Kind Received</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>64.98</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 30.60
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Fictitious Name Publicaion	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.99
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Domains	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.99
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Domains	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 26 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>8.99</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Domains</b>	
Candidate Name <b>Valleri Crabtree</b>		Transaction ID : <b>VPF6ZAHJ4B4I</b>
Office Sought: <input checked="" 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: <b>FL</b> District: <b>09</b>	* In-Kind Received	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 01 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Membership Dues</b>	
Candidate Name <b>Valleri Crabtree</b>		Transaction ID : <b>VPF6ZAHJ1R9I</b>
Office Sought: <input checked="" 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: <b>FL</b> District: <b>09</b>	* In-Kind Received	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 02 / 2014</b>
Mailing Address <b>2380 Painter Ln</b>		Amount of Each Disbursement this Period <b>19.99</b>
City <b>Kissimmee</b> State <b>FL</b> Zip Code <b>34741-7823</b>	Purpose of Disbursement <b>Postage</b>	
Candidate Name <b>Valleri Crabtree</b>		Transaction ID : <b>VPF6ZAHJ1S6I</b>
Office Sought: <input checked="" 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: <b>FL</b> District: <b>09</b>	* In-Kind Received	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>53.98</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.80
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Postage	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 60.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Fictitious Name Filing	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 2.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Fax	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.99 <b>Transaction ID : VPF6ZAHJ1X8I</b>
City Kissimmee	State FL	
Purpose of Disbursement Domains		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.99 <b>Transaction ID : VPF6ZAHJ1Y6I</b>
City Kissimmee	State FL	
Purpose of Disbursement Domains		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.99 <b>Transaction ID : VPF6ZAHJ1Z4I</b>
City Kissimmee	State FL	
Purpose of Disbursement Domains		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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)	* In-Kind Received
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 12 08 2014 20.19
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 12 09 2014 84.79
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 12 12 2014 1210.66
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement FOR REIMBURSEMENT: Campaign tent and signs	[MEMO ITEM] * In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 15.36
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 7.81
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 11.68
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Lunch Meetings	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 4.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Parking expenses for campaign event meeting	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 9.99
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Domains	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 4.00
City Kissimmee	State FL	
Zip Code 34741-7823	Purpose of Disbursement Parking expenses for campaign event meeting	* In-Kind Received
Candidate Name <b>Valleri Crabtree</b>	Category/Type	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 532.50 <b>Transaction ID : VPF6ZAHJ599I</b>
City Kissimmee	State FL	
Purpose of Disbursement FOR REIMBURSEMENT: Venue for campaign launch event		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 09	

\* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 24.08 <b>Transaction ID : VPF6ZAHJ4H2I</b>
City Kissimmee	State FL	
Purpose of Disbursement Name Badges		Category/ Type
Candidate Name <b>Valleri Crabtree</b>		
Office Sought: <input checked="" 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: FL	District: 09	

\* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Deluxe</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 3680 Victoria St N		Amount of Each Disbursement this Period 119.24 <b>Transaction ID : VPE7Q9M1KY0</b>
City Shoreview	State MN	
Purpose of Disbursement Checks		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	675.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Democratic Hispanic Caucus of Florida</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address PO Box 57834		Amount of Each Disbursement this Period 200.00
City Jacksonville	State FL	
Zip Code 32241-7834	Purpose of Disbursement Admission to Hispanic Heritage Gala	Transaction ID : VPE7Q9M1D60
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Hispanic Caucus of Florida</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 57834		Amount of Each Disbursement this Period 25.00
City Jacksonville	State FL	
Zip Code 32241-7834	Purpose of Disbursement Membership Dues	Transaction ID : VPE7Q9M1DA2
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Denny's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2013
Mailing Address 2051 E. Space Coast Pkwy		Amount of Each Disbursement this Period 20.11
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1AK4
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Denny's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address 1515 E Osceola Pkwy		Amount of Each Disbursement this Period 18.13
City Kissimmee	State FL	
Zip Code 34744-1604	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1B49
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Euro Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 715 Bloom St		Amount of Each Disbursement this Period 22.19
City Celebration	State FL	
Zip Code 34747-4696	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1C83
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Filomena Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 1063 Wisconsin Ave NW		Amount of Each Disbursement this Period 58.25
City Washington	State DC	
Zip Code 20007-3605	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1DR0
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. FirstWatch Daytime Caf?</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1414 N Mills Ave		Amount of Each Disbursement this Period 44.74
City Orlando	State FL	
Zip Code 32803-1874	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1D44
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Florida Department of State, Division of Corporations</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 2661 W Executive Center Cir		Amount of Each Disbursement this Period 60.00
City Tallahassee	State FL	
Zip Code 32301-5020	Purpose of Disbursement Fictitious Name Filing	Transaction ID : VPE7Q9M1ES1
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Forward Florida</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 130 S Orange Ave Ste 150		Amount of Each Disbursement this Period 43.19
City Orlando	State FL	
Zip Code 32801-3229	Purpose of Disbursement Admission to Taking the Pulse of Healthcare	Transaction ID : VPE7Q9M1CH4
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fratelli's Italian Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2013
Mailing Address 373 N Orange Ave		Amount of Each Disbursement this Period 22.00
City Orlando	State FL Zip Code 32801-1638	
Purpose of Disbursement Lunch Meetings	Category/Type	Transaction ID : VPE7Q9M1BZ2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hampton Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 9421 Largo Dr W		Amount of Each Disbursement this Period 365.13
City Largo	State MD Zip Code 20774-4758	
Purpose of Disbursement Lodging expenses for Washington, DC trip	Category/Type	Transaction ID : VPE7Q9M1BD0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hampton Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 4800 Leesburg Pike		Amount of Each Disbursement this Period 793.97
City Alexandria	State VA Zip Code 22302-1102	
Purpose of Disbursement Lodging expenses for Washington, DC trip	Category/Type	Transaction ID : VPE7Q9M1DK1
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Harmony Golf Preserve</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2014
Mailing Address 7251 Five Oaks Dr		Amount of Each Disbursement this Period 115.00
City Harmony	State FL	
Zip Code 34773-6045	Purpose of Disbursement Venue rental fee for campaign event	Transaction ID : VPE7Q9M1D28
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harry's Tap Room</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 1 Saarinen Circle		Amount of Each Disbursement this Period 51.51
City Washington	State DC	
Zip Code 20041	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BY4
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Historical Society of Florida</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 65 E Central Blvd		Amount of Each Disbursement this Period 500.00
City Orlando	State FL	
Zip Code 32801-2401	Purpose of Disbursement Admission to Fundraiser	Transaction ID : VPE7Q9M1EZ8
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address 11 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4230	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1CD2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address 10 Corporate Dr Ste 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4200	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1CE0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address 12 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4200	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1CG6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 13 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4230	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1E87
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 14 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4200	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1E94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 15 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 9.99
City Burlington	State MA Zip Code 01803-4230	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1EA2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 17 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 8.99
City Burlington	State MA Zip Code 01803-4230	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1EB0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 18 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 8.99
City Burlington	State MA Zip Code 01803-4200	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1EC8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 16 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 9.99
City Burlington	State MA Zip Code 01803-4200	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1ED6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 19 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4230	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1EE4
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:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 20 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 9.99
City Burlington	State MA Zip Code 01803-4200	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1EF2
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:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 21 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 8.99
City Burlington	State MA Zip Code 01803-4230	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1EH8
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:	Category/Type	[MEMO ITEM] *

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 22 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 15.99
City Burlington State MA Zip Code 01803-4200	Purpose of Disbursement Domains	
Candidate Name	Category/Type	Transaction ID : VPE7Q9M1EM1  [MEMO ITEM] *
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. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 23 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 9.99
City Burlington State MA Zip Code 01803-4230	Purpose of Disbursement Domains	
Candidate Name	Category/Type	Transaction ID : VPE7Q9M1EP7  [MEMO ITEM] *
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. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 24 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 8.99
City Burlington State MA Zip Code 01803-4200	Purpose of Disbursement Domains	
Candidate Name	Category/Type	Transaction ID : VPE7Q9M1EQ5  [MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 27 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4230	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1DB9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 25 Corporate Dr Ste 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4245	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1EV7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 26 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 15.99
City Burlington	State MA Zip Code 01803-4200	
Purpose of Disbursement Domains	Candidate Name	Transaction ID : VPE7Q9M1EW5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

<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 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. iPower, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 28 Corporate Dr, Suite 300		Amount of Each Disbursement this Period 9.99
City Burlington	State MA	
Zip Code 01803-4200	Purpose of Disbursement Domains	Transaction ID : VPE7Q9M1F30
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)	[MEMO ITEM]
State: District:		*

Full Name (Last, First, Middle Initial) <b>B. Kangaroo Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 3601 Sunset Ave		Amount of Each Disbursement this Period 15.00
City Rocky Mount	State NC	
Zip Code 27804-3411	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1DJ3
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)	[MEMO ITEM]
State: District:		*

Full Name (Last, First, Middle Initial) <b>C. Kissimmee/Osceola County Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1425 E Vine St		Amount of Each Disbursement this Period 35.00
City Kissimmee	State FL	
Zip Code 34744-3621	Purpose of Disbursement Admission to FL Legislative Session	Transaction ID : VPE7Q9M1CP4
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)	[MEMO ITEM]
State: District:		*

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kissimmee/Osceola County Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1425 E Vine St		Amount of Each Disbursement this Period 40.00
City Kissimmee	State FL	
Zip Code 34744-3621	Purpose of Disbursement Admission to Osceola Hob Nob	Transaction ID : VPE7Q9M1CR9
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kissimmee/Osceola County Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1425 E Vine St		Amount of Each Disbursement this Period 30.00
City Kissimmee	State FL	
Zip Code 34744-3621	Purpose of Disbursement Admission to Politics in the Barn	Transaction ID : VPE7Q9M1CV3
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kissimmee/Osceola County Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 1425 E Vine St		Amount of Each Disbursement this Period 35.00
City Kissimmee	State FL	
Zip Code 34744-3621	Purpose of Disbursement Admission to County Commission Debate	Transaction ID : VPE7Q9M1CW1
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lanes Shellmart</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 4 Ln St		Amount of Each Disbursement this Period 2.63
City Yemassee	State SC	
Zip Code 29945-2252	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1E11
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Logan's Roadhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 5925 W Irlo Bronson Blvd		Amount of Each Disbursement this Period 36.62
City Kissimmee	State FL	
Zip Code 34746-4764	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1AZ9
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Longworth Caf?</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address Longworth House Office Bulding		Amount of Each Disbursement this Period 2.90
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1DV4
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Market Street Caf?</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013
Mailing Address 701 Front St		Amount of Each Disbursement this Period 26.46
City Celebration State FL	Zip Code 34747-4915	
Purpose of Disbursement Lunch Meetings	Candidate Name	Transaction ID : VPE7Q9M1AW5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. Market Street Caf?</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 701 Front St		Amount of Each Disbursement this Period 18.80
City Celebration State FL	Zip Code 34747-4915	
Purpose of Disbursement Lunch Meetings	Candidate Name	Transaction ID : VPE7Q9M1AY1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>c. McDonald's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 105 Interchange Blvd		Amount of Each Disbursement this Period 12.53
City Ormond Beach	State FL Zip Code 32174-1834	
Purpose of Disbursement Meal during trip to Washington, DC	Candidate Name	Transaction ID : VPE7Q9M1BJ9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	[MEMO ITEM] *

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. McDonald's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 75 New York Ave NE		Amount of Each Disbursement this Period 4.49
City Washington	State DC	
Zip Code 20002-3325	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BX6
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)	[MEMO ITEM]
State: District:		*

Full Name (Last, First, Middle Initial) <b>B. McDonald's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 11382 US HWY 441		Amount of Each Disbursement this Period 14.67
City Orlando	State FL	
Zip Code 32821	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1DD5
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)	[MEMO ITEM]
State: District:		*

Full Name (Last, First, Middle Initial) <b>C. McDonald's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 4803 Leesburg Pike		Amount of Each Disbursement this Period 8.46
City Alexandria	State VA	
Zip Code 22302-1105	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1E03
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)	[MEMO ITEM]
State: District:		*

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mobil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 33465 HWY 301 N		Amount of Each Disbursement this Period 31.01
City Hamer	State SC Zip Code 29547	
Purpose of Disbursement Gasoline for trip to Washington, DC		Transaction ID : VPE7Q9M1DH5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Moe's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 4192 Conroy Rd Ste 115		Amount of Each Disbursement this Period 12.54
City Orlando	State FL Zip Code 32839-6418	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPE7Q9M1B31
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Nature's Table Caf?</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2013
Mailing Address 214 Broadway		Amount of Each Disbursement this Period 14.19
City Kissimmee	State FL Zip Code 34741-5716	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPE7Q9M1AS2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:	Category/Type	

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Playground, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 715 Southpoint Blvd Ste M		Amount of Each Disbursement this Period 24.18
City Petaluma	State CA	
Zip Code 94954-6836	Purpose of Disbursement Promo materials	Transaction ID : VPE7Q9M1B15
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Olive Garden</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 4101 Conroy Rd		Amount of Each Disbursement this Period 16.67
City Orlando	State FL	
Zip Code 32839-2407	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1AX3
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Olive Garden</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 1604 W Osceola Pkwy		Amount of Each Disbursement this Period 21.55
City Kissimmee	State FL	
Zip Code 34741-0729	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1B64
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Olive Garden</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 4101 Conroy Rd		Amount of Each Disbursement this Period 33.24
City Orlando	State FL	
Zip Code 32839-2407	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1B07
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Orange County Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address PO Box 1648		Amount of Each Disbursement this Period 33.64
City Orlando	State FL	
Zip Code 32802-1648	Purpose of Disbursement Admission to Election Night Party	Transaction ID : VPE7Q9M1DF1
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Osceola County Fair</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1911 Kissimmee Valley Ln		Amount of Each Disbursement this Period 550.00
City Kissimmee	State FL	
Zip Code 34744-6107	Purpose of Disbursement Venue rental fee for campaign event	Transaction ID : VPE7Q9M1CX9
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)	[MEMO ITEM] *
State: District:		

<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 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Osceola News Gazette</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 108 Church St		Amount of Each Disbursement this Period 30.60
City Kissimmee	State FL	
Zip Code 34741-5055	Purpose of Disbursement Fictitious Name Publicaion	Transaction ID : VPE7Q9M1EK3
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Osceola Woman Newspaper</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3201 Budinger Ave		Amount of Each Disbursement this Period 25.00
City Saint Cloud	State FL	
Zip Code 34769-7203	Purpose of Disbursement Admission to Woman of Influence	Transaction ID : VPE7Q9M1CM8
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Osceola Woman Newspaper</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 3201 Budinger Ave		Amount of Each Disbursement this Period 25.00
City Saint Cloud	State FL	
Zip Code 34769-7203	Purpose of Disbursement Admission to Woman of Influence	Transaction ID : VPE7Q9M1CN6
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Osceola Woman Newspaper</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2014
Mailing Address 3201 Budinger Ave		Amount of Each Disbursement this Period 10.00
City Saint Cloud	State FL	
Zip Code 34769-7203	Purpose of Disbursement Admission to 3rd Annual Head 2 Toe	Transaction ID : VPE7Q9M1CQ1
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Osceola Woman Newspaper</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2014
Mailing Address 3201 Budinger Ave		Amount of Each Disbursement this Period 25.00
City Saint Cloud	State FL	
Zip Code 34769-7203	Purpose of Disbursement Admission to Woman of Influence	Transaction ID : VPE7Q9M1CT5
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Oxford Caf?</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2013
Mailing Address 1730 M St NW		Amount of Each Disbursement this Period 5.96
City Washington	State DC	
Zip Code 20036-4542	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BP1
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 10531 Martin Luther King Jr Hwy		Amount of Each Disbursement this Period 0.00
City Bowie	State MD	
Zip Code 20720-4282	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BW8
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 3270 N John Young Pkwy		Amount of Each Disbursement this Period 15.32
City Kissimmee	State FL	
Zip Code 34741-7549	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1D36
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Parking Management, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 1725 Desales St NW		Amount of Each Disbursement this Period 17.00
City Washington	State DC	
Zip Code 20036-4422	Purpose of Disbursement Parking expenses during trip to Washington, DC	Transaction ID : VPE7Q9M1BQ9
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Parking Management, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 500 12th Street Northwest		Amount of Each Disbursement this Period 22.00
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Parking expenses during trip to Washington, DC	Transaction ID : VPE7Q9M1C00
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Parking Management, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 1725 Desales St NW		Amount of Each Disbursement this Period 20.00
City Washington	State DC	
Zip Code 20036-4422	Purpose of Disbursement Parking expenses during trip to Washington, DC	Transaction ID : VPE7Q9M1BS4
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Perkin's Restaurant &amp; Bakery</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1600 W Osceola Pkwy		Amount of Each Disbursement this Period 12.91
City Kissimmee	State FL	
Zip Code 34741-0729	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1DC7
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Photography by Skip Stowers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 323 Broadway		Amount of Each Disbursement this Period 64.95
City Kissimmee	State FL	
Zip Code 34741-5717	Purpose of Disbursement Photography	Transaction ID : VPE7Q9M1D10
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Polk Co. DEC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 2803 Shaughnessy Way		Amount of Each Disbursement this Period 150.00
City Lakeland	State FL	
Zip Code 33810-5370	Purpose of Disbursement Admission to Annual Gala	Transaction ID : VPE7Q9M1CF8
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Qdoba Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 555 11th St NW		Amount of Each Disbursement this Period 22.45
City Washington	State DC	
Zip Code 20004-1300	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1DN6
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. RaceTrac</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2511 State Road 207		Amount of Each Disbursement this Period 33.09
City Saint Augustine	State FL	
Zip Code 32086-9329	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1E79
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 4014 U.S. 17		Amount of Each Disbursement this Period 39.01
City Richmond Hill	State GA	
Zip Code 31324	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1BG3
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Romano's Macaroni Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013
Mailing Address 3286 N John Young Pkwy		Amount of Each Disbursement this Period 20.09
City Kissimmee	State FL	
Zip Code 34741-7549	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1AG1
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Romano's Macaroni Grill</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 3286 N John Young Pkwy		Amount of Each Disbursement this Period 68.86
City Kissimmee	State FL	
Zip Code 34741-7549	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Romano's Macaroni Grill</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 3286 N John Young Pkwy		Amount of Each Disbursement this Period 36.22
City Kissimmee	State FL	
Zip Code 34741-7549	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Savion's Place</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2013
Mailing Address 16 E Dakin Ave		Amount of Each Disbursement this Period 23.80
City Kissimmee	State FL	
Zip Code 34741-5765	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Savion's Place</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 16 E Dakin Ave		Amount of Each Disbursement this Period 23.26
City Kissimmee	State FL	
Zip Code 34741-5765	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1AV7
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sbarro</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 17.02
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1DW2
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sebastian Caf?</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1990 E Osceola Pkwy		Amount of Each Disbursement this Period 31.20
City Kissimmee	State FL	
Zip Code 34743-8600	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1CK0
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 1411 E Cary St		Amount of Each Disbursement this Period 3.26
City Richmond	State VA Zip Code 23219-4249	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPE7Q9M1BC2
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM] *
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 1411 E Cary St		Amount of Each Disbursement this Period 31.94
City Richmond	State VA Zip Code 23219-4249	
Purpose of Disbursement Gasoline for trip to Washington, DC		Transaction ID : VPE7Q9M1BE8
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM] *
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 35 Montague St		Amount of Each Disbursement this Period 30.00
City Riceboro	State GA Zip Code 31323-4317	
Purpose of Disbursement Gasoline for trip to Washington, DC		Transaction ID : VPE7Q9M1DG7
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM] *
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1600 Mount Vernon Ave		Amount of Each Disbursement this Period 29.03
City Alexandria	State VA	
Zip Code 22301-1720	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1DM9
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 817 England St		Amount of Each Disbursement this Period 22.28
City Ashland	State VA	
Zip Code 23005-2232	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1E45
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 5030 Fayetteville Rd		Amount of Each Disbursement this Period 29.02
City Lumberton	State NC	
Zip Code 28358-2108	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1E53
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 4 Ln St		Amount of Each Disbursement this Period 15.00
City Yemassee	State SC	
Zip Code 29945-2252	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1E61
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ShopHouse Kitchen</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 1516 Connecticut Avenue NW		Amount of Each Disbursement this Period 18.75
City Washington	State DC	
Zip Code 20036-1104	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BK7
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ShopHouse Kitchen</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 1516 Connecticut Avenue NW		Amount of Each Disbursement this Period 22.75
City Washington	State DC	
Zip Code 20036-1104	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BM5
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Solivita Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 160 Sorrento Rd		Amount of Each Disbursement this Period 64.00
City Poinciana State FL Zip Code 34759-4059	Purpose of Disbursement Admission to Solivita Democrats Gala	
Candidate Name	Category/Type	Transaction ID : VPE7Q9M1C75 <b>[MEMO ITEM]</b> *
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. Solivita Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 160 Sorrento Rd		Amount of Each Disbursement this Period 30.00
City Poinciana State FL Zip Code 34759-4059	Purpose of Disbursement Admission to Monthly Meeting Dinner	
Candidate Name	Category/Type	Transaction ID : VPE7Q9M1CA9 <b>[MEMO ITEM]</b> *
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. Solivita Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 160 Sorrento Rd		Amount of Each Disbursement this Period 30.00
City Poinciana State FL Zip Code 34759-4059	Purpose of Disbursement Admission to Monthly Meeting Dinner	
Candidate Name	Category/Type	Transaction ID : VPE7Q9M1CB7 <b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Solivita Democratic Club</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 160 Sorrento Rd			Amount of Each Disbursement this Period 60.00
City Poinciana	State FL	Zip Code 34759-4059	
Purpose of Disbursement Admission to Monthly Meeting Dinner			Transaction ID : VPE7Q9M1CC5
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] *
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. St. Cloud Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1200 New York Ave			Amount of Each Disbursement this Period 20.00
City Saint Cloud	State FL	Zip Code 34769-3742	
Purpose of Disbursement Admission to Quaterly Lunch			Transaction ID : VPE7Q9M1CS7
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] *
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>c. St. Cloud Parks and Recreation</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 3101 17th St			Amount of Each Disbursement this Period 205.50
City Saint Cloud	State FL	Zip Code 34769-6000	
Purpose of Disbursement Venue rental fee for campaign event			Transaction ID : VPE7Q9M1D03
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] *
State: District:	Category/Type		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Starbucks Coffee</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 9.71
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1DS8
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)	[MEMO ITEM]
State: District:		*

Full Name (Last, First, Middle Initial) <b>B. Starbucks Coffee</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 1201 Maryland Ave SW		Amount of Each Disbursement this Period 12.49
City Washington	State DC	
Zip Code 20024-2199	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1DY8
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)	[MEMO ITEM]
State: District:		*

Full Name (Last, First, Middle Initial) <b>C. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 7750 Annapolis Rd		Amount of Each Disbursement this Period 26.57
City Lanham	State MD	
Zip Code 20706-1306	Purpose of Disbursement Gasoline for trip to Washington, DC	Transaction ID : VPE7Q9M1BV0
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)	[MEMO ITEM]
State: District:		*

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Susan's Courtside Caf?</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 18 S Orlando Ave		Amount of Each Disbursement this Period 15.90
City Kissimmee	State FL	
Zip Code 34741-5674	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Susan's Courtside Caf?</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 18 S Orlando Ave		Amount of Each Disbursement this Period 7.81
City Kissimmee	State FL	
Zip Code 34741-5674	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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. Sweet Eascape Celebration</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 603 Market St		Amount of Each Disbursement this Period 62.53
City Celebration	State FL	
Zip Code 34747-4908	Purpose of Disbursement Lunch Meetings	[MEMO ITEM] *
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:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 154 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Taco Bell</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 3649 Phillips Hwy		Amount of Each Disbursement this Period 11.39
City Jacksonville	State FL Zip Code 32207-5613	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPE7Q9M1E37
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TGI Fridays</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 4650 King St		Amount of Each Disbursement this Period 61.47
City Alexandria	State VA Zip Code 22302-1215	
Purpose of Disbursement Meal during trip to Washington, DC		Transaction ID : VPE7Q9M1DX0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Thai Thani</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013
Mailing Address 600 Market St Ste 110		Amount of Each Disbursement this Period 42.56
City Celebration	State FL Zip Code 34747-4901	
Purpose of Disbursement Lunch Meetings		Transaction ID : VPE7Q9M1AF3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:	Category/Type	

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Center, Orlando</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address 946 N Mills Ave		Amount of Each Disbursement this Period 65.28
City Orlando	State FL	
Zip Code 32803-3230		[MEMO ITEM] *
Purpose of Disbursement Admission to Black & White Gala	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 3050 Dyer Blvd		Amount of Each Disbursement this Period 2.00
City Kissimmee	State FL	
Zip Code 34741-7839		[MEMO ITEM] *
Purpose of Disbursement Fax	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Douglas D Tudor</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 8914 Old Frederick Rd		Amount of Each Disbursement this Period 279.25
City Ellicott City	State MD	
Zip Code 21043-1926		* In-Kind Received
Purpose of Disbursement Dinner	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	279.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 163			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

**A. Union Station Parking**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4225

Purpose of Disbursement Parking expenses during trip to Washington, DC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 18 / 2014

Amount of Each Disbursement this Period 20.00

Transaction ID : VPE7Q9M1DP4

[MEMO ITEM]  
\*

**B. Union Station Parking**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4225

Purpose of Disbursement Parking expenses during trip to Washington, DC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 19 / 2014

Amount of Each Disbursement this Period 20.00

Transaction ID : VPE7Q9M1DQ2

[MEMO ITEM]  
\*

**c. Union Station Parking**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4225

Purpose of Disbursement Parking expenses during trip to Washington, DC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 20.00

Transaction ID : VPE7Q9M1DT6

[MEMO ITEM]  
\*

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 1415 W Oak St		Amount of Each Disbursement this Period 46.00
City Kissimmee	State FL	
Zip Code 34741-4025	Purpose of Disbursement PO Box Fee	Transaction ID : VPE7Q9M1EG0
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1415 W Oak St		Amount of Each Disbursement this Period 19.99
City Kissimmee	State FL	
Zip Code 34741-4025	Purpose of Disbursement Postage	Transaction ID : VPE7Q9M1EJ6
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 1415 W Oak St		Amount of Each Disbursement this Period 9.80
City Kissimmee	State FL	
Zip Code 34741-4025	Purpose of Disbursement Postage	Transaction ID : VPE7Q9M1EN9
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 OF 163	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Holocaust Museum</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 100 Raoul Wallenberg Pl SW		Amount of Each Disbursement this Period 30.14
City Washington	State DC	
Zip Code 20024-2126	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1DZ5
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wendy's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 2780 Paxville Highway		Amount of Each Disbursement this Period 8.13
City Manning	State SC	
Zip Code 29102-5083	Purpose of Disbursement Meal during trip to Washington, DC	Transaction ID : VPE7Q9M1BH1
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wildside Bar &amp; Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 700 E Washington St		Amount of Each Disbursement this Period 75.96
City Orlando	State FL	
Zip Code 32801-2940	Purpose of Disbursement Lunch Meetings	Transaction ID : VPE7Q9M1DE3
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)	[MEMO ITEM] *
State: District:		

<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 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 163			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zaxby's</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2013
Mailing Address 4067 Millenia Blvd		Amount of Each Disbursement this Period \$ 15.29
City Orlando	State FL Zip Code 32839-2425	
Purpose of Disbursement Lunch Meetings	Category/Type	Transaction ID : VPE7Q9M1AQ6  [MEMO ITEM] *
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 0.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 6373.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 163	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valleri Crabtree</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 2380 Painter Ln		Amount of Each Disbursement this Period 2293.16 <b>Transaction ID : VPE7Q9M1M06</b>
City Kissimmee	State FL	
Zip Code 34741-7823		Category/ Type
Purpose of Disbursement Items marked 'FOR REIMBURSEMENT'		
Candidate Name <b>Valleri Crabtree</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 09	

Full Name (Last, First, Middle Initial) <b>B. Stacy McCland</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2013
Mailing Address 136 Rachel Lin Ln		Amount of Each Disbursement this Period 65.00 <b>Transaction ID : VPE7Q9M1F56</b>
City Saint Cloud	State FL	
Zip Code 34771-8226		Category/ Type
Purpose of Disbursement Reimbursement for Admission to Polk DEC Dinner		
Candidate Name		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For:
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2293.16
<b>TOTAL</b> This Period (last page this line number only).....	2293.16

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Transaction ID : **VPE7Q9M1M06L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**Valleri Crabtree**

Election: 2016

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2380 Painter Ln

City State ZIP Code  
Kissimmee FL 34741-7823

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
2293.16 0.00 2293.16

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 31 / Y 2014 M M / D D / Y none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 2293.16  
**TOTALS** This Period (last page in this line only)..... ▶ 2293.16

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Crabtree for Congress

Transaction ID : VPF6ZAHJ540L

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Valleri Crabtree

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2380 Painter Ln

City State ZIP Code  
Kissimmee FL 34741-7823

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100.00 0.00 100.00

TERMS

Date Incurred Date Due Interest Rate Secured:  
M 11 / D 12 / Y 2014 M M / D D / Y none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ..... 100.00  
TOTALS This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Crabtree for Congress**

Transaction ID : **VPF6ZAHJ558L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

**Valleri Crabtree**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2380 Painter Ln

City State ZIP Code  
Kissimmee FL 34741-7823

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
50.00 0.00 50.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 01 / Y 2014 M M / D D / Y none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 50.00  
**TOTALS** This Period (last page in this line only)..... ▶ 150.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.