

**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

MICA FOR CONGRESS

ADDRESS (number and street)

P. O. Box 181546

Check if different  
than previously  
reported. (ACC)

Casselberry

FL

32718

2. FEC IDENTIFICATION NUMBER ▼

C

C00283051

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

07

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  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
06 / 30 / 2014

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

Type or Print Name of Treasurer W Edward Langdon

Signature of Treasurer

W Edward Langdon

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 15 / 2014

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name  
**MICA FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
 04 / 01 / 2014

To:

M M / D D / Y Y Y Y  
 06 / 30 / 2014

	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))....	91490.00	674354.89
(b) Total Contribution Refunds (from Line 20(d)) .....	400.00	6000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	91090.00	668354.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	35886.58	289959.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3911.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	35886.58	286047.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	561577.11	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	10000.00	

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

MICA FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

40460.00

253874.00

(ii) Unitemized.....

4030.00

57255.89

(iii) TOTAL of contributions from individuals ▶

44490.00

311129.89

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

47000.00

363225.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

91490.00

674354.89

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) .....

0.00

3911.70

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

13.03

187.54

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

91503.03

678454.13

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35886.58	289959.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	400.00	5000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	400.00	6000.00
21. OTHER DISBURSEMENTS .....	235.00	46685.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	36521.58	342644.24

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	506595.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	91503.03
25. SUBTOTAL (add Line 23 and Line 24).....	598098.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36521.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	561577.11

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

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

FOR LINE NUMBER:

PAGE 5 OF 82

(check only one)

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

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)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. Leonard E. Williams

A.

Mailing Address 2518 Norfolk Road

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Densch, Inc.Occupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036410

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

Mr. Leonard E. Williams

B.

Mailing Address 2518 Norfolk Road

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Densch, Inc.Occupation  
Executive

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036411

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

Mr. Richard B. DeGraff

C.

Mailing Address 1616 SE Colony Way

City

Jupiter

State

FL

Zip Code

33478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Contractor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036434

Amount of Each Receipt this Period

200.00

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

3200.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. Richard B. Caime

Mailing Address 3181 Camberly Cir

City

Melbourne

State

FL

Zip Code

32940-6639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : 0036435

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. Ronald D. Hucke

Mailing Address 2306 Windjammer Lane

City

St. Augustine

State

FL

Zip Code

32084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Johns Family DentistsOccupation  
Dentist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : 0036436

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. L. Gale Lemerand

Mailing Address 103B N Lake Dr

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gale Industries, Inc.Occupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : 0036437

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mrs. Mary J. Nunis

Mailing Address 6324 Deacon Circle

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Housewife

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036438

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Richard A. Nunis

Mailing Address 6324 Deacon Circle

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Business Solutions, Inc

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036439

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Steven S Smith

Mailing Address 12086 Fort Caroline Rd Unit 201

City

Jacksonville

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steven S Smith Management Company

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036440

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Gerard K Short jr

A.

Mailing Address 1301 Village Lane

City

Winter Park

State

FL

Zip Code

32792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sodexo

Occupation

District Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036441

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Lars T Anderson

B.

Mailing Address 712 Ironwood Ct

City

Winter Springs

State

FL

Zip Code

32708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Financial Advisor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036442

Amount of Each Receipt this Period

500.00

cashiers check

Full Name (Last, First, Middle Initial)

Mr. Douglas C. Worth

C.

Mailing Address 108 Sea Island Lake Ct

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : 0036443

Amount of Each Receipt this Period

1000.00

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

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

2000.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nicholas J. St. George**

Mailing Address 971 Georgia Ave

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : 0036444

Amount of Each Receipt this Period

2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Edwin A Trier**

Mailing Address 353 Forest Tr

City Oviedo	State FL	Zip Code 32765
----------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : 0036445

Amount of Each Receipt this Period

400.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael A. Degiglio**

Mailing Address PO Box 539

City Belmar	State NJ	Zip Code 07719
----------------	-------------	-------------------

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

Name of Employer Village Farms Industries	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : 0036454

Amount of Each Receipt this Period

1000.00

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

4000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Yochum

Mailing Address 1131 Via Lugano

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seaside National BankOccupation  
Banker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : 0036455

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Jeffrey C. Sweet

Mailing Address 124 River Bluff

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Korey, Sweet, McKinnon etalOccupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : 0036456

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Hon. Kenneth W. Bradley

Mailing Address 1612 Elizabeths Walk

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winter Park Memorial HospitalOccupation  
Chief Executive Officer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : 0036457

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Leila Jammal Nodarse, PE

A.

Mailing Address 510 Genius Dr.

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LJ Nodarse &amp; Associates, Inc.

Occupation

Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : 0036458

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mr. Harvey L. Massey

B.

Mailing Address 1461 Via Tuscany

City

Winter Park

State

FL

Zip Code

32790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massey Services

Occupation

Businessperson

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : 0036459

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mrs. Joan Bennett Clayton

C.

Mailing Address 1190 Park Ave

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Housewife

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : 0036460

Amount of Each Receipt this Period

2000.00

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

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

4000.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. Roger D. Coverley

Mailing Address 265 Adair Ave

City

Longwood

State

FL

Zip Code

32750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : 0036463

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Mr. Rod Rodrigue

Mailing Address 2708 Deer Berry Court

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Time Wise ManagementOccupation  
Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : 0036466

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mrs. Sharon S. Jallad

Mailing Address 1830 Fawsett Rd

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Housewife

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : 0036467

Amount of Each Receipt this Period

250.00

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

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

600.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ms. Deborah Snow

Mailing Address 1365 Lake Baldwin Lane  
# 101

City	State	Zip Code
Orlando	FL	32814

FEC ID number of contributing federal political committee.

C

Name of Employer  
Accredited Surety & Casualty

Occupation  
Chief Executive Officer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : 0036468

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Marcos R. Marchena

Mailing Address 8535 Chickasaw Farms Ln

City	State	Zip Code
Orlando	FL	32825

FEC ID number of contributing federal political committee.

C

Name of Employer  
self

Occupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : 0036469

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mr. Lewis M. Oliver III

Mailing Address 2660 Babbit Ave

City	State	Zip Code
Orlando	FL	32833

FEC ID number of contributing federal political committee.

C

Name of Employer  
Quinones & Oliver

Occupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : 0036477

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Andrew Forbes</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 2204 40th PL NW, #1			<b>Transaction ID : 0036561</b>	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Washington	DC	20007	On line contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer Cassidy and Associates		Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>C Scott Groth</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 1111 Yorktown Place			<b>Transaction ID : 0036503</b>	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
De Land	FL	32720		
FEC ID number of contributing federal political committee. C				
Name of Employer Bellinis Italian Restaurant		Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Al H. Schwarz</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address 663 Holbrook Cir			<b>Transaction ID : 0036483</b>	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Lake Mary	FL	32746		
FEC ID number of contributing federal political committee. C				
Name of Employer Republican Party of Seminole County		Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			750.00	
<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  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William T. Dymond Jr.**  
Mailing Address 2080 W Fawcett Road

City State Zip Code  
Winter Park FL 32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lowndes, Drosdick, Doster, Kantor & Re

Occupation  
Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 09 2014

Transaction ID : 0036484

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Rulon D. Munns**  
Mailing Address PO Box 2807

City State Zip Code  
Orlando FL 32802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Munns and Munns

Occupation  
Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
06 09 2014

Transaction ID : 0036485

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
**The Hon Alfonse M. D'Amato**  
Mailing Address 101 Park Avenue  
Suite 2506

City State Zip Code  
New York NY 10178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Strategies

Occupation  
Consultant

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 09 2014

Transaction ID : 0036486

Amount of Each Receipt this Period

1000.00

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

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

1550.00

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Dykes C Everett

Mailing Address PO Box 533993

City

Orlando

State

FL

Zip Code

32853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dykes Everett &amp; Company

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : 0036487

Amount of Each Receipt this Period

500.00

B. Mr. Mark W. Mahler

Full Name (Last, First, Middle Initial)

Mailing Address 2276 Northumbria Drive

City

Sanford

State

FL

Zip Code

32771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American K-9 Detection Services, Inc.

Occupation

Chief Executive Officer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : 0036489

Amount of Each Receipt this Period

101.00

C. Mr. Mark W. Mahler

Full Name (Last, First, Middle Initial)

Mailing Address 2276 Northumbria Drive

City

Sanford

State

FL

Zip Code

32771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American K-9 Detection Services, Inc.

Occupation

Chief Executive Officer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3999.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : 0036490

Amount of Each Receipt this Period

1399.00

2000.00

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

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



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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. Fred W Streetman Jr

A.

Mailing Address 125 Lake Rena Dr

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : 0036494

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Carlos de la Cruz

B.

Mailing Address 5 Harbor Point

City

Miami

State

FL

Zip Code

33149-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eagle Brands

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : 0036496

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Mr. Mark A. Kelly

C.

Mailing Address 370 East Crown Point Rd

City

Winter Garden

State

FL

Zip Code

34787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Garney Construction

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : 0036509

Amount of Each Receipt this Period

250.00

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

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

3250.00

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ms. Timara Bobo

Mailing Address 1 Halidon Ct

City

West Palm Beach

State

FL

Zip Code

33418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Housewife

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : 0036510

Amount of Each Receipt this Period

300.00

A.

Full Name (Last, First, Middle Initial)

Mr George Burdock

Mailing Address 1140 Kenwood Ave

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Burdock GroupOccupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : 0036555

Amount of Each Receipt this Period

2500.00

On line contribution

B.

Full Name (Last, First, Middle Initial)

Sandra Kay Hodgskin

Mailing Address 1532 Pickwood Ave

City

Fern Park

State

FL

Zip Code

32730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sharks Success MarketingOccupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : 0036521

Amount of Each Receipt this Period

150.00

C.

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

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

2950.00



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

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. David Albertson</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 55 Trismen Terrace			<b>Transaction ID : 0036527</b>	
City	State	Zip Code		
Winter Park	FL	32789		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer Albertson International, Inc.		Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Gino M Antonello</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 10711 SW 40th Mnr			<b>Transaction ID : 0036528</b>	
City	State	Zip Code		
Davie	FL	33328		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer GMA International Service, Inc		Occupation Chief Executive Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Russell L. Roberts</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 2200 Alaqua Drive			<b>Transaction ID : 0036529</b>	
City	State	Zip Code		
Longwood	FL	32779-3100		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer Florida East Coast Industries		Occupation Vice president		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2500.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Bertel**

Mailing Address 6100 Southwest Blvd #320

City State Zip Code  
Fort Worth TX 76109

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

Name of Employer Occupation  
Rio Grande Pacific Cooperation Executive

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036537

Amount of Each Receipt this Period

1250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jimmy Goff**

Mailing Address 1538 Picardy Place

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
ZHA, Inc. Engineer

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
3800.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036540

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James H. Pugh Jr,**

Mailing Address 359 Carolina Avenue

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Dr. Phillips Performing Arts Center Executive

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036549

Amount of Each Receipt this Period

1000.00

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

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

4750.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. James R Pratt</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1550 Elm Ave			<b>Transaction ID : 0036551</b>	
City	State	Zip Code		
Winter Park	FL	32789		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 350.00	
Name of Employer BURR & FORMAN		Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Lois E. Strong</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 356 New Waterford Pl			<b>Transaction ID : 0036622</b>	
City	State	Zip Code		
Longwood	FL	32779		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 10.00	
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Randy Raghoonanan</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 801 N. Wayman St			<b>Transaction ID : 0036627</b>	
City	State	Zip Code		
Longwood	FL	32750		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 300.00	
Name of Employer Liberty Regional Medical Center		Occupation Pharmacist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			660.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. Harry J Glenn

A.

Mailing Address 1540 Gluf Blvd, #404

City

Clearwater Beach

State

FL

Zip Code

33767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pinellas County

Occupation

Lobbyist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : 0036633

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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 M	/	D 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).....

500.00

40460.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brunswick Good Government Fund**  
Mailing Address 1N. Field Court

City	State	Zip Code
Lake Forest	IL	60045

FEC ID number of contributing  
federal political committee.

**C** C00110262

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : 0036464

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Restaurant Association PAC**  
Mailing Address 2055 L Street NW

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing  
federal political committee.

**C** C00003764

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : 0036465

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Baker & Hostetler PAC**  
Mailing Address 1050 Connecticut Ave, NW 11th FL

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing  
federal political committee.

**C** C00174227

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : 0036504

Amount of Each Receipt this Period

1000.00

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

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

4500.00



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Iranian American PAC**

Mailing Address 1350 Connecticut Ave, NW, Ste 202

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00382028

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 09 / 2014

Transaction ID : 0036488

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**J.M. Family Enterprises PAC**

Mailing Address 111 Jim Moran Blvd

City Deerfield Beach State FL Zip Code 33442

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 09 / 2014

Transaction ID : 0036491

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Union Pacific Fund for Effective Government PAC**

Mailing Address 600 13th Street, NW  
Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 09 / 2014

Transaction ID : 0036492

Amount of Each Receipt this Period

1000.00

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

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

4500.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T PAC**

Mailing Address 1133 21st St, NW, Ste 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 09 / 2014

Transaction ID : 0036493

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JetBlue Pac**

Mailing Address PO Box 34275

City Washington State DC Zip Code 20043

FEC ID number of contributing federal political committee. **C** C00484584

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2014

Transaction ID : 0036511

Amount of Each Receipt this Period

1000.00

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

Mailing Address 500 New Jersey Ave, NW Ste 550

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2014

Transaction ID : 0036512

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BluePac</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		23		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		23		2014									
Mailing Address 1310 G Street, NW 12th Floor		<b>Transaction ID : 0036513</b>											
City Washington	State DC	Zip Code 20005											
FEC ID number of contributing federal political committee. <b>C</b> C00194746		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								
Name of Employer  		Occupation  											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>3000.00</td> </tr> </table>							3000.00				
					3000.00								
<b>B.</b> Full Name (Last, First, Middle Initial) <b>American Petroleum Institute</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		23		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		23		2014									
Mailing Address 1220 L St, NW		<b>Transaction ID : 0036514</b>											
City Washington	State DC	Zip Code 20005											
FEC ID number of contributing federal political committee. <b>C</b> C00483677		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								
Name of Employer  		Occupation  											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2000.00</td> </tr> </table>							2000.00				
					2000.00								
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Halliburton PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		23		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		23		2014									
Mailing Address 1150 18th St, NW, Ste 200		<b>Transaction ID : 0036515</b>											
City Washington	State DC	Zip Code 20036											
FEC ID number of contributing federal political committee. <b>C</b> C00035691		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2000.00</td> </tr> </table>							2000.00				
					2000.00								
Name of Employer  		Occupation  											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>3000.00</td> </tr> </table>							3000.00				
					3000.00								
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>4000.00</td> </tr> </table>							4000.00				
					4000.00								
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

FOR LINE NUMBER:		PAGE 28 OF 82	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

500.00

3000.00

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Action Committee for Rural Electrification**

Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036530

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Society of Asso. Executives PAC**

Mailing Address 1575 I St, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036531

Amount of Each Receipt this Period

1000.00

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

Mailing Address 1401 Eye Street, N.W.  
Suite 1200

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036532

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

Use separate schedule(s)  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**National Association of Insurance & Financial Advisors PAC**

Mailing Address 2901 Telestar Ct

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing  
federal political committee.

**C** C00005249

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

**Transaction ID : 0036533**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Delta Air Lines PAC**

Mailing Address 1212 New York Ave, NW, Ste 200

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00104802

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

**Transaction ID : 0036534**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Stone Sand & Gravel Assoc. ROCKPAC**

Mailing Address 1605 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00089458

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

**Transaction ID : 0036535**

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Terracon PAC**

Mailing Address 1675 Lee Rd

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

**C** C00457853

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036536

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**American Council of Engineering Companies PAC**

Mailing Address 1015 15th St, NW, 8th FL

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00010868

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036538

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**Exxon Mobil Corp PAC**

Mailing Address 5959 LAS COLINAS BLVD

City

Irving

State

TX

Zip Code

75039

FEC ID number of contributing  
federal political committee.

**C** C00095406

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036539

Amount of Each Receipt this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**American Resort Development Association PAC**

Mailing Address 1201 15th St., N.W.  
Suite 400

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00129932

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036541

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)  
**Raytheon PAC**

Mailing Address 1100 Wilson Blvd, Ste 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

**C** C00097568

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036542

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)  
**Gridiron PAC - National Football League**

Mailing Address 280 Park Ave - 17th FL

City State Zip Code  
New York NY 10017

FEC ID number of contributing  
federal political committee.

**C** C00451153

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036543

Amount of Each Receipt this Period

2500.00

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

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

7500.00



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

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for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**American Dental PAC**

Mailing Address 1111 14th Street N.W. Ste 1100

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00345868

Name of Employer	Occupation
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Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0036544

Amount of Each Receipt this Period

1500.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**Spectra Energy Corporation PAC**

Mailing Address 20 F St, NW, Ste 550

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00429662

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0036545

Amount of Each Receipt this Period

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**National Ocean Industries Association PAC**

Mailing Address 1120 G St, NW, Ste 900

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00409565

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0036546

Amount of Each Receipt this Period

1000.00
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**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Oracle PAC**

Mailing Address 1015 151th ST NW, Ste 200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036547

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Goodyear Good Government Fund**

Mailing Address 1420 New York Ave, NW, Ste 200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00100131

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036548

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Outdoor Advertising Political Action Committee**

Mailing Address 1850 M Street, NW  
Suite 1040

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00045781

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036552

Amount of Each Receipt this Period

500.00

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

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

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 82

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>VerizonWireless Good Government Club</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y									
06		30		2014									
Mailing Address 1300 I St. NW, 4th FL		<b>Transaction ID : 0036553</b>											
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00									
2000.00													
FEC ID number of contributing federal political committee. <b>C</b> C00025163													
Name of Employer Occupation													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td>3000.00</td> </tr> </table>		3000.00									
3000.00													
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer Occupation													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer Occupation													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00									
2000.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td>47000.00</td> </tr> </table>		47000.00									
47000.00													

# **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 36 OF 82

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☒ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Commerce National Bank & Trust**

Mailing Address 1201 S Orlando Ave

City State Zip Code  
Winter Park FL 32790-8181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

187.54

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : 0036631

Amount of Each Receipt this Period

13.03

Interest Income

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

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

13.03

13.03

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Radisson**

Mailing Address 1724 N Alafaya Tr

City	State	Zip Code
Orlando	FL	32826

Purpose of Disbursement  
Catering Services

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

803.22
--------

Transaction ID : 0036573

**B. Millennium Consulting Inc.**

Mailing Address PO Box 568926

City	State	Zip Code
Orlando	FL	32856

Purpose of Disbursement  
MAILING SERVICES

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

540.00
--------

Transaction ID : 0036574

**c. Millennium Consulting Inc.**

Mailing Address PO Box 568926

City	State	Zip Code
Orlando	FL	32856

Purpose of Disbursement  
MAILING SERVICES

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

2475.00
---------

Transaction ID : 0036575

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

3818.22

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 82

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. City of Winter Park**

Mailing Address 401 S Park Ave

City Winter Park    State FL    Zip Code 32789

Purpose of Disbursement  
Meal Expenses

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 01 / 2014

Amount of Each Disbursement this Period

100.00

Transaction ID : 0036585

## **B. Seminole County**

Mailing Address 1101 E 1st Street

City Sanford    State FL    Zip Code 32771

Purpose of Disbursement  
PETITION VERIFICATION FEE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 01 / 2014

Amount of Each Disbursement this Period

10.00

Transaction ID : 0036634

## **c. Petty Cash**

Mailing Address P. O. Box 181546

City Casselberry    State FL    Zip Code 32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 01 / 2014

Amount of Each Disbursement this Period

100.00

Transaction ID : 0036572

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

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

210.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CenturyLink**

Mailing Address P. O. Box 30784

City	State	Zip Code
Tampa	FL	33630

Purpose of Disbursement  
PHONE EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

1	8	7	.	5	5
---	---	---	---	---	---

Transaction ID : 0036566

**B. U. S. Postal Service**

Mailing Address 109 Live Oak Blvd.

City	State	Zip Code
Casselberry	FL	32707

Purpose of Disbursement  
POSTAGE, NON-BULK MAIL

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

Transaction ID : 0036576

**c. Cafe Recess**

Mailing Address 209 Pennsylvania Ave, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Catering Services

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	4

Amount of Each Disbursement this Period

1	6	0	.	0	0
---	---	---	---	---	---

Transaction ID : 0036579

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

2277.55

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City	State	Zip Code
Ft Lauderdale	FL	33336

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

6458.40
---------

Transaction ID : 0036327

ITEMIZATION BELOW

**B. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Air Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

244.00
--------

Transaction ID : 0036327-0001

[MEMO ITEM]

MEMO

**C. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Air Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

244.00
--------

Transaction ID : 0036327-0002

[MEMO ITEM]

MEMO

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

6458.40



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

244.00
--------

Purpose of Disbursement  
Air Transportation

002

Transaction ID : 0036327-0003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

Full Name (Last, First, Middle Initial)

**B. House Members Dining Room**

Mailing Address The Capitol

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Washington	DC	20515

Amount of Each Disbursement this Period

112.55
--------

Purpose of Disbursement  
Meals with Constituents

003

Transaction ID : 0036327-0004

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

244.00
--------

Purpose of Disbursement  
Air Transportation

002

Transaction ID : 0036327-0005

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Baron Tours**

Mailing Address PO Box 1662

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Falls Church	VA	22041

Amount of Each Disbursement this Period

728.00
--------

Purpose of Disbursement  
Transportation Expenses

002

Transaction ID : 0036327-0006

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State: District:

Full Name (Last, First, Middle Initial)

**B. National Car Rental**

Mailing Address 200 S. Andrews Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Ft. Lauderdale	FL	33301

Amount of Each Disbursement this Period

138.52
--------

Purpose of Disbursement  
Car Rental

002

Transaction ID : 0036327-0007

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State: District:

Full Name (Last, First, Middle Initial)

**C. House Members Dining Room**

Mailing Address The Capitol

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Washington	DC	20515

Amount of Each Disbursement this Period

127.65
--------

Purpose of Disbursement  
Meals with Constituents

003

Transaction ID : 0036327-0008

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State: District:

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. National Car Rental**

Mailing Address 200 S. Andrews Ave

City	State	Zip Code
Ft. Lauderdale	FL	33301

Purpose of Disbursement  
Car Rental

002

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 07 / 2014

Amount of Each Disbursement this Period

7.20
------

Transaction ID : 0036327-0009

**[MEMO ITEM]**

MEMO

Full Name (Last, First, Middle Initial)

**B. gogoair.com**

Mailing Address 1250 North Arlington Heights Rd.,

City	State	Zip Code
Itasca	IL	60143

Purpose of Disbursement  
Online Services

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 07 / 2014

Amount of Each Disbursement this Period

39.95
-------

Transaction ID : 0036327-0010

**[MEMO ITEM]**

MEMO

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Air Transportation

002

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 07 / 2014

Amount of Each Disbursement this Period

148.00
--------

Transaction ID : 0036327-0011

**[MEMO ITEM]**

MEMO

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Enterprise Rent-a-Car Company PAC**

Mailing Address 500 Corporate Park Drive

City	State	Zip Code
St Louis	MO	63105

Purpose of Disbursement  
Car Rental

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

84.60

Transaction ID : 0036327-0012

**[MEMO ITEM]**

MEMO

**B. U. S. Postal Service**

Mailing Address 109 Live Oak Blvd.

City	State	Zip Code
Casselberry	FL	32707

Purpose of Disbursement  
MAILING SERVICES

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

5.80

Transaction ID : 0036327-0014

**[MEMO ITEM]**

MEMO

**c. Indigo Inn**

Mailing Address 1 Maiden Lane

City	State	Zip Code
Charleston	SC	29401

Purpose of Disbursement  
Lodging Expenses

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

558.42

Transaction ID : 0036327-0018

**[MEMO ITEM]**

MEMO

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WAWA Gas**

Mailing Address 260 W Baltimore Pike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Media	PA	19063

Amount of Each Disbursement this Period

52.00
-------

Purpose of Disbursement  
Gasoline Expenses

002

Transaction ID : 0036327-0019

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**[MEMO ITEM]**

MEMO

**B. National Car Rental**

Mailing Address 200 S. Andrews Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Ft. Lauderdale	FL	33301

Amount of Each Disbursement this Period

11.92
-------

Purpose of Disbursement  
Car Rental

002

Transaction ID : 0036327-0021

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**[MEMO ITEM]**

MEMO

**C. E PASS**

Mailing Address 4974 Orlando Tower Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Orlando	FL	32807

Amount of Each Disbursement this Period

40.00
-------

Purpose of Disbursement  
Transportation Expenses

002

Transaction ID : 0036327-0022

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**[MEMO ITEM]**

MEMO

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Sheraton Orlando North Hotel**

Mailing Address 600 N Lake Destiny Road

City	State	Zip Code
Maitland	FL	32751

Purpose of Disbursement  
Lodging Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

393.17

Transaction ID : 0036327-0023

**[MEMO ITEM]**

MEMO

**B. WAWA Gas**

Mailing Address 260 W Baltimore Pike

City	State	Zip Code
Media	PA	19063

Purpose of Disbursement  
Gasoline Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

36.00

Transaction ID : 0036327-0024

**[MEMO ITEM]**

MEMO

**c. Aqua AI 2**

Mailing Address 212 7th Street Southeast

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

128.00

Transaction ID : 0036327-0026

**[MEMO ITEM]**

MEMO

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Carlucci's**

Mailing Address 501 N. Orlando Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meal Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

24.24
-------

Transaction ID : 0036327-0028

**[MEMO ITEM]**

MEMO

**B. Browns NY Deli**

Mailing Address 1201 S Orlando Ave #156

City	State	Zip Code
Maitland	FL	32751

Purpose of Disbursement  
Meal Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

21.42
-------

Transaction ID : 0036327-0029

**[MEMO ITEM]**

MEMO

**c. Fleming's Restaurant**

Mailing Address 933 N Orlando Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

1447.66
---------

Transaction ID : 0036327-0030

**[MEMO ITEM]**

MEMO

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. 7-11 Gas**

Mailing Address 481 N Orlando Ave

City	State	Zip Code
Maitland	FL	32751

Purpose of Disbursement  
Gasoline Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

43.01
-------

Transaction ID : 0036327-0031

**[MEMO ITEM]**

MEMO

**B. E PASS**

Mailing Address 4974 Orlando Tower Rd

City	State	Zip Code
Orlando	FL	32807

Purpose of Disbursement  
Transportation Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : 0036327-0033

**[MEMO ITEM]**

MEMO

**c. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meal Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

4.23
------

Transaction ID : 0036327-0034

**[MEMO ITEM]**

MEMO

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Joe's Stone Crabs**

Mailing Address 11 Washington Ave

City	State	Zip Code
Miami Beach	FL	33139

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

331.66

Transaction ID : 0036327-0038

**[MEMO ITEM]**

MEMO

**B. McAfee.com**

Mailing Address 3965 Freedom Cir

City	State	Zip Code
Santa Clara	CA	95054

Purpose of Disbursement  
COMPUTER EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

79.99

Transaction ID : 0036327-0039

**[MEMO ITEM]**

MEMO

**c. National Car Rental**

Mailing Address 200 S. Andrews Ave

City	State	Zip Code
Ft. Lauderdale	FL	33301

Purpose of Disbursement  
Transportation Expenses

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

4.20

Transaction ID : 0036327-0041

**[MEMO ITEM]**

MEMO

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. E PASS**

Mailing Address 4974 Orlando Tower Rd

City	State	Zip Code
Orlando	FL	32807

Purpose of Disbursement  
Transportation Expenses

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : 0036327-0045

**[MEMO ITEM]**

MEMO

**B. Bank of American VISA**

Mailing Address PO Box 851001

City	State	Zip Code
Dallas	TX	75285

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2014

Amount of Each Disbursement this Period

499.59
--------

Transaction ID : 0036582

ITEMIZATION BELOW

**c. Congressional Club**

Mailing Address 2001 New Hampshire Ave NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2014

Amount of Each Disbursement this Period

480.00
--------

Transaction ID : 0036582-0001

**[MEMO ITEM]**

MEMO

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

499.59

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Alfond Inn**

Mailing Address 300 E New England Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Catering Services

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

948.95
--------

Transaction ID : 0036583

**B. BUBBALOUS BODACIOUS BAR B QUE**

Mailing Address 1471 Lee Road

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Catering Services

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

1040.38
---------

Transaction ID : 0036601

**c. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036578

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

2089.33



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement  
PHONE EXPENSES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

Amount of Each Disbursement this Period

113.36
--------

Transaction ID : 0036569

**B. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036586

**c. CenturyLink**

Mailing Address P. O. Box 30784

City	State	Zip Code
Tampa	FL	33630

Purpose of Disbursement  
PHONE EXPENSES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

188.93
--------

Transaction ID : 0036567

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

402.29



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 501 N. Orlando Avenue #201

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
PRINTING EXPENSES

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

85.19
-------

Transaction ID : 0036592

**B. American Express**

Mailing Address PO Box 360001

City	State	Zip Code
Ft Lauderdale	FL	33336

Purpose of Disbursement  
TRAVEL & MEAL EXPENSES

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

3125.88
---------

Transaction ID : 0036628

ITEMIZATION BELOW

**C. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Air Transportation

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

130.00
--------

Transaction ID : 0036628-0001

[MEMO ITEM]  
MEMO**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3211.07

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. House Members Dining Room**

Mailing Address The Capitol

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

145.90

Transaction ID : 0036628-0002

**[MEMO ITEM]**

MEMO

Full Name (Last, First, Middle Initial)

**B. House Members Dining Room**

Mailing Address The Capitol

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

173.30

Transaction ID : 0036628-0003

**[MEMO ITEM]**

MEMO

Full Name (Last, First, Middle Initial)

**C. House Members Dining Room**

Mailing Address The Capitol

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

127.55

Transaction ID : 0036628-0004

**[MEMO ITEM]**

MEMO

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

182.00
--------

Purpose of Disbursement  
Air Transportation

002

Transaction ID : 0036628-0005

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

Full Name (Last, First, Middle Initial)

**B. House Members Dining Room**

Mailing Address The Capitol

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Washington	DC	20515

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Meals with Constituents

003

Transaction ID : 0036628-0006

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

Full Name (Last, First, Middle Initial)

**c. House Members Dining Room**

Mailing Address The Capitol

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Washington	DC	20515

Amount of Each Disbursement this Period

164.15
--------

Purpose of Disbursement  
Meals with Constituents

003

Transaction ID : 0036628-0007

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

246.00
--------

Purpose of Disbursement  
Air Transportation

002

Transaction ID : 0036628-0008

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**  
MEMO

State:

District:

Full Name (Last, First, Middle Initial)

**B. 310 Park South Restr.**

Mailing Address 310 S Park Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Winter Park	FL	32789

Amount of Each Disbursement this Period

58.38
-------

Purpose of Disbursement  
Meals with Constituents

003

Transaction ID : 0036628-0009

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**  
MEMO

State:

District:

Full Name (Last, First, Middle Initial)

**C. Vince Carter's Restaurant**

Mailing Address 2150 LPGA Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Daytona Beach	FL	32118

Amount of Each Disbursement this Period

243.91
--------

Purpose of Disbursement  
Meals with Constituents

003

Transaction ID : 0036628-0010

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**  
MEMO

State:

District:

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

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Amount of Each Disbursement this Period

4	2	3
---	---	---

Transaction ID : 0036628-0011

**[MEMO ITEM]**

MEMO

**B. Brian's Restaurant**

Mailing Address 1409 N Orange Ave

City	State	Zip Code
Orlando	FL	32804

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Amount of Each Disbursement this Period

5	5	5	9
---	---	---	---

Transaction ID : 0036628-0015

**[MEMO ITEM]**

MEMO

**C. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Amount of Each Disbursement this Period

3	8	2
---	---	---

Transaction ID : 0036628-0017

**[MEMO ITEM]**

MEMO

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

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

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Shoppers Food**

Mailing Address 3801 Jefferson Davis

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Food and Refreshments for Event

007

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

195.52
--------

Transaction ID : 0036628-0019

**[MEMO ITEM]**

MEMO

**B. Subway Sandwich Shop**

Mailing Address 401 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Food and Refreshments for Event

007

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

132.00
--------

Transaction ID : 0036628-0020

**[MEMO ITEM]**

MEMO

**C. Browns NY Deli**

Mailing Address 1201 S Orlando Ave #156

City	State	Zip Code
Maitland	FL	32751

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

109.75
--------

Transaction ID : 0036628-0022

**[MEMO ITEM]**

MEMO

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. 7-11 Gas**

Mailing Address 481 N Orlando Ave

City	State	Zip Code
Maitland	FL	32751

Purpose of Disbursement  
Gasoline Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : 0036628-0023

**[MEMO ITEM]**

MEMO

**B. Publix Super Market**

Mailing Address 1455 E State Road 436

City	State	Zip Code
Casselberry	FL	32707

Purpose of Disbursement  
Food and Refreshments for Event

007

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

112.34
--------

Transaction ID : 0036628-0024

**[MEMO ITEM]**

MEMO

**C. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meal Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

2.12
------

Transaction ID : 0036628-0027

**[MEMO ITEM]**

MEMO

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Armando's**

Mailing Address 463 W. New England Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : 0036628-0028

**[MEMO ITEM]**

MEMO

**B. House of Reps Gift Shop**

Mailing Address B217 Longworth Building

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Gifts for Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

168.30
--------

Transaction ID : 0036628-0029

**[MEMO ITEM]**

MEMO

**c. Subway Sandwich Shop**

Mailing Address 401 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

15.44
-------

Transaction ID : 0036628-0030

**[MEMO ITEM]**

MEMO

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

6.62
------

Transaction ID : 0036628-0032

**[MEMO ITEM]**

MEMO

**B. Rollins College**

Mailing Address 1000 Holt Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

213.00
--------

Transaction ID : 0036628-0039

**[MEMO ITEM]**

MEMO

**C. Brian's Restaurant**

Mailing Address 1409 N Orange Ave

City	State	Zip Code
Orlando	FL	32804

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

25.14
-------

Transaction ID : 0036628-0040

**[MEMO ITEM]**

MEMO

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. U. S. Postal Service**

Mailing Address 109 Live Oak Blvd.

City	State	Zip Code
Casselberry	FL	32707

Purpose of Disbursement  
POSTAGE, NON-BULK MAIL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

220.00
--------

Transaction ID : 0036597

**B. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036595

**c. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

2.25
------

Transaction ID : 0036563

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

322.25



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement  
PHONE EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

113.38
--------

Transaction ID : 0036570

**B. Apopka Area Chamber of Commerce**

Mailing Address 180 East Main Street

City	State	Zip Code
Apopka	FL	32703

Purpose of Disbursement  
Meal Expenses

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

90.00
-------

Transaction ID : 0036600

**c. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036599

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

303.38

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

11.25
-------

Transaction ID : 0036560

**B. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036602

**c. CenturyLink**

Mailing Address P. O. Box 30784

City	State	Zip Code
Tampa	FL	33630

Purpose of Disbursement  
PHONE EXPENSES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

190.40
--------

Transaction ID : 0036568

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

301.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Oviedo Chamber of Commerce**

Mailing Address 1511 ESR 434, #2001

City	State	Zip Code
Winter Springs	FL	32708

Purpose of Disbursement  
Membership Dues

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

124.00
--------

Transaction ID : 0036610

**B. Seminole County Young Republicans**

Mailing Address 906 Oak Leaf Ct

City	State	Zip Code
Altamonte Springs	FL	32714

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

375.00
--------

Transaction ID : 0036614

**c. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036603

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

599.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Winter Park Chamber of Commerce**

Mailing Address PO Box 280

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
Winter Park	FL	32790

Amount of Each Disbursement this Period

969.29
--------

Purpose of Disbursement  
Meal Expenses

002

**Transaction ID : 0036608**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Winter Park Racquet Club**

Mailing Address 2111 Via Tuscany

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
Winter Park	FL	32789

Amount of Each Disbursement this Period

834.29
--------

Purpose of Disbursement  
Meals with Constituents

003

**Transaction ID : 0036611**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Petty Cash**

Mailing Address P. O. Box 181546

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
Casselberry	FL	32718

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Petty Cash

001

**Transaction ID : 0036604**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

969.29

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. U. S. Postal Service**

Mailing Address 109 Live Oak Blvd.

City	State	Zip Code
Casselberry	FL	32707

Purpose of Disbursement  
POSTAGE, NON-BULK MAIL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 09 / 2014

Amount of Each Disbursement this Period

3117.94
---------

Transaction ID : 0036606

**B. American Express**

Mailing Address PO Box 360001

City	State	Zip Code
Ft Lauderdale	FL	33336

Purpose of Disbursement  
TRAVEL & MEAL EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2014

Amount of Each Disbursement this Period

2985.94
---------

Transaction ID : 0036629

ITEMIZATION BELOW

**c. gogoair.com**

Mailing Address 1250 North Arlington Heights Rd.,

City	State	Zip Code
Itasca	IL	60143

Purpose of Disbursement  
Online Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2014

Amount of Each Disbursement this Period

39.95
-------

Transaction ID : 0036629-0002

**[MEMO ITEM]**  
MEMO**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3117.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

138.00
--------

Purpose of Disbursement  
Air Transportation

002

Transaction ID : 0036629-0003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State: District:

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

138.00
--------

Purpose of Disbursement  
Air Transportation

002

Transaction ID : 0036629-0004

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State: District:

Full Name (Last, First, Middle Initial)

**c. House Members Dining Room**

Mailing Address The Capitol

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Washington	DC	20515

Amount of Each Disbursement this Period

111.95
--------

Purpose of Disbursement  
Meals with Constituents

003

Transaction ID : 0036629-0005

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State: District:

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

0.00
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. House Members Dining Room**

Mailing Address The Capitol

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036629-0006

**[MEMO ITEM]**

MEMO

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. House Members Dining Room**

Mailing Address The Capitol

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Amount of Each Disbursement this Period

106.45
--------

Transaction ID : 0036629-0007

**[MEMO ITEM]**

MEMO

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Air Transportation

002

Amount of Each Disbursement this Period

99.00
-------

Transaction ID : 0036629-0008

**[MEMO ITEM]**

MEMO

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. House Members Dining Room**

Mailing Address The Capitol

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

124.10

Transaction ID : 0036629-0009

**[MEMO ITEM]**

MEMO

Full Name (Last, First, Middle Initial)

**B. gogoair.com**

Mailing Address 1250 North Arlington Heights Rd.,

City	State	Zip Code
Itasca	IL	60143

Purpose of Disbursement  
Online Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

39.95

Transaction ID : 0036629-0010

**[MEMO ITEM]**

MEMO

Full Name (Last, First, Middle Initial)

**C. RT Restaurant**

Mailing Address 3804 Mount Vernon Ave

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

454.04

Transaction ID : 0036629-0011

**[MEMO ITEM]**

MEMO

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WalMart**

Mailing Address 7400 Guilford Dr

City	State	Zip Code
Frederick	MD	21704

Purpose of Disbursement  
Food and Refreshments for Event

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

148.87
--------

Transaction ID : 0036629-0012

**[MEMO ITEM]**

MEMO

**B. Fleming's Restaurant**

Mailing Address 933 N Orlando Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

337.96
--------

Transaction ID : 0036629-0014

**[MEMO ITEM]**

MEMO

**c. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

8.18
------

Transaction ID : 0036629-0015

**[MEMO ITEM]**

MEMO

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. 310 Park South Restr.**

Mailing Address 310 S Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

602.68
--------

Transaction ID : 0036629-0017

**[MEMO ITEM]**

MEMO

**B. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

2.11
------

Transaction ID : 0036629-0018

**[MEMO ITEM]**

MEMO

**c. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

2.12
------

Transaction ID : 0036629-0020

**[MEMO ITEM]**

MEMO

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

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. 7-11 Gas**

Mailing Address 481 N Orlando Ave

City	State	Zip Code
Maitland	FL	32751

Purpose of Disbursement  
Gasoline Expenses

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

18.60
-------

Transaction ID : 0036629-0021

**[MEMO ITEM]**

MEMO

**B. Blowing Rock Chamber of Commerce**

Mailing Address PO BOX 406

City	State	Zip Code
Blowing Rock	NC	28605

Purpose of Disbursement  
Fundraising

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2014

Amount of Each Disbursement this Period

1395.50
---------

Transaction ID : 0036615

**c. Apopka Area Chamber of Commerce**

Mailing Address 180 East Main Street

City	State	Zip Code
Apopka	FL	32703

Purpose of Disbursement  
Campaign Event Fee

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

670.00
--------

Transaction ID : 0036616

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

2065.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Seminole County Republican Party**

Mailing Address 245 W. State Road 436

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

City	State	Zip Code
Altamonte Springs	FL	32751

Purpose of Disbursement  
Campaign Event Fee

003

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : 0036619

**B. Petty Cash**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 181546

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036609

**C. Mr. W. Edward Langdon**

Full Name (Last, First, Middle Initial)

Mailing Address 601 N. Ferncreek #200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

City	State	Zip Code
Orlando	FL	32803

Purpose of Disbursement  
ACCOUNTING SERVICES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

1855.00
---------

Transaction ID : 0036617

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

2305.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Seminole County Young Republicans**

Mailing Address 906 Oak Leaf Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

City	State	Zip Code
Altamonte Springs	FL	32714

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

2190.00
---------

Transaction ID : 0036612

**B. Orange County Young Republican Club**

Mailing Address PO Box 2766

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Orlando	FL	32082

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

955.00
--------

Transaction ID : 0036630

**C. Seminole County Republican Party**

Mailing Address 245 W. State Road 436

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
Altamonte Springs	FL	32751

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

860.00
--------

Transaction ID : 0036620

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

2190.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

003

Amount of Each Disbursement this Period

2.25
------

Transaction ID : 0036558

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Petty Cash**

Mailing Address P. O. Box 181546

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036613

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 660108

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement  
PHONE EXPENSES

001

Amount of Each Disbursement this Period

113.38
--------

Transaction ID : 0036571

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

215.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

112.50
--------

Transaction ID : 0036556

**B. Apopka Area Chamber of Commerce**

Mailing Address 180 East Main Street

City	State	Zip Code
Apopka	FL	32703

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : 0036618

**C. Winter Park Chamber of Commerce**

Mailing Address PO Box 280

City	State	Zip Code
Winter Park	FL	32790

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

395.00
--------

Transaction ID : 0036621

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

807.50

35394.16





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 82

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

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NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Cenral Florida YMCA**

Mailing Address 433 N Mills Ave

City	State	Zip Code
Orlando	FL	32803

Purpose of Disbursement  
Charitable Contribution

012

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

235.00
--------

Transaction ID : 0036581

**B. New Hope for Kids**

Mailing Address 900 North Maitland Ave

City	State	Zip Code
Maitland	FL	32751

Purpose of Disbursement  
Charitable Contribution

012

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

85.00
-------

Transaction ID : 0036584

**c. Mental Helth Association of Central Flor**

Mailing Address 1525 E. Robinson St

City	State	Zip Code
Orlando	FL	32801

Purpose of Disbursement  
Charitable Contribution

012

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036596

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

235.00

235.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 82 OF 82

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Millennium Consulting Inc.**

Nature of Debt (Purpose):

**Media Consulting**

Mailing Address PO Box 568926

City State

Zip Code

Orlando

FL

32856

Outstanding Balance Beginning This Period

10000.00

**Transaction ID : 34355-6**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

10000.00

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

10000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

10000.00