PAGE 1 / 43

Image# 14941777293

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	Fo	or An Authorize	ed Commit	tee			Office Use Only
1. NAME OF COMMITTEE (in		OR PRINT ▼		le: If typing, t	ype	12FE4M5	
DREIKORN F	OR CONGRES	SS					I
ADDRESS (number ar	I 1	OX 654					
Check if dit	ferent						
than previous reported. (A		EELIA 				FL :	33922
2. <b>FEC IDENTIFIC</b>	CATION NUMBER		CITY			STATE A	ZIP CODE
C C0055640	54	3. IS RE	THIS >	NEW (N)	)R	AMEND (A)	STATE ▼ DISTRICT  DED    FL
4 TVDE OF DE	PORT (Choose On	.					
<ul><li>4. TYPE OF RE</li><li>(a) Quarterly R</li></ul>	•	e) (b) 12-	Day <b>PRE</b> -Elec	ction Report fo	or the:		
			Pri	mary (12P)		General (1	2G) Runoff (12R)
April 15	Quarterly Report (C	21)	Co	nvention (12C	, [	Special (1)	2S)
X July 15	Quarterly Report (C	2)			,	opecial (	
Octobe	r 15 Quarterly Repo	rt (Q3) Ele	ection on	M M / D	D /	Y Y Y Y	in the State of
January	31 Year-End Repor	t (YE) (c) 30-	Day <b>POST</b> -El	ection Report	for the:		
			Ge	neral (30G)		Runoff (30	OR) Special (30S)
Termina	tion Report (TER)	Ele	ection on	M M / D	D /	Y " Y " Y " Y	in the State of
5. Covering Period	M M / 04	03 / Υ Υ 2014		through	M M 06	30	Y Y Y Y Z014
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 Darlene Soler							
Signature of Treasure	er Darlene Soler		[Ele	ctronically Filed	<u> </u>	Date 07	/ DDD / Y Y Y Y Y 2014
NOTE: Submission of	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							FEC FORM 3
Use Only							(Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 43

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### DREIKORN FOR CONGRESS

04 06 30 2014 03 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 8645.00 15695.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 8645.00 15695.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 7971.07 23026.40 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 7971.07 23026.40 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 2402.77 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 9734.17 Schedule C and/or Schedule D).....

#### 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)

PAGE 3 / 43

Write or Type Committee Name

#### DREIKORN FOR CONGRESS

03 06 2014 04 2014 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 6750.00 12875.00 (i) Itemized (use Schedule A)..... 1895.00 2820.00 (ii) Unitemized..... (iii) TOTAL of contributions 8645.00 15695.00 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 8645.00 15695.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 10639.17 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 10639.17 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) ..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 8645.00 26334.17 (Carry Total to Line 24, page 4).....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

PAGE 4 / 43

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	7971.07	23026.40
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	905.00	905.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	905.00	905.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	8876.07	23931.40
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	2633.84
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	8645.00
25.	SUBTOTAL (add Line 23 and Line 24)		11278.84
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	8876.07
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	2402.77	

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE	PAG	E 5	OF	43		
(check only one)						
X 11a	11b	11c	11	ld		
12	13a	13b	14	1	15	

	, ,	12   13a   13b   14   15
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		
Full Name (Last, First, Middle Initial) John Cammick		Date of Receipt
Mailing Address Box 400		04 13 2014
City Matlacha	State Zip Code FL 33993	Transaction ID : SA11AI.4288
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Retired	Occupation Retired	200.00
Receipt For: 2014 Primary General	Election Cycle-to-Date	-
Other (specify) Special-Primary	725.00	
Full Name (Last, First, Middle Initial) John Cammick		Date of Receipt
Mailing Address Box 400	71.0.1	04 13 2014
City Matlacha	State Zip Code FL 33993	Transaction ID : SA11AI.4289
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Retired	Occupation Retired	250.00
Receipt For: 2014 Primary General	Election Cycle-to-Date	
Other (specify) Special-Primary	975.00	
Full Name (Last, First, Middle Initial) Sherrill Cornett		Date of Receipt
Mailing Address 13396 Onion Creek CT		04 11 2014
City Fort Myers	State Zip Code FL 33912	Transaction ID : SA11AI.4308
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Lee County Schools	Occupation Sub-Teacher	1000.00
Receipt For: 2014 Primary General	Election Cycle-to-Date	_
Other (specify) Special-Primary	1000.00	
SUBTOTAL of Receipts This Page (optional)		1450.00
TOTAL This Period (last page this line number		

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

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

FOR LINE NUMBER:			PAGE	:	6	OF	43	
(check only one)								
>	<b>X</b> 11a	11b		11c		11	d	
	12	13a		13b		14		15

		Statements may not be sold or used by any pense name and address of any political committees	erson for the purpose of soliciting contributions to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Sherrill Cornett  Mailing Address 13396 Onion Creek CT	Date of Receipt	
	City	State Zip Code FL 33912	04 13 2014  Transaction ID : SA11AI.4310
	FEC ID number of contributing federal political committee.	FL 33912	Amount of Each Receipt this Period
	Name of Employer Lee County Schools Receipt For: 2014	Occupation Sub-Teacher	100.00
	Primary General  Other (specify) Special-Primary	Election Cycle-to-Date	
В.	Full Name (Last, First, Middle Initial) Karl Dreikorn	Date of Receipt	
	Mailing Address PSC 476 Box 66		04 13 2014
	City FPO	State Zip Code AP 96322-0066	Transaction ID : SA11AI.4286
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer US Navy Receipt For: 2014	Occupation Facility Engineer Election Cycle-to-Date	150.00
	Primary General  Other (specify) Special-Primary	400.00	
_	Full Name (Last, First, Middle Initial)  Veronica Duflo		Date of Receipt
C.	Mailing Address 6334 Cedelia Road	04 06 2014	
	City Bokeelia	State Zip Code FL 33922	Transaction ID : SA11AI.4314
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired	400.00
	Receipt For: 2014  Primary General  Other (specify) Special-Primary	Election Cycle-to-Date 500.00	
s	SUBTOTAL of Receipts This Page (optional)		650.00

C.

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

43

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) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) L Cedelia Gregorsky Date of Receipt Mailing Address 6351 Cedelia Road 2014 15 City State Zip Code Transaction ID: SA11AI.4327 FL 33922 Bokeelia FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 200.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date Primary General 300.00 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) Tom Norris Date of Receipt Mailing Address 14141 Harbor Dr 14 2014 City State Zip Code Transaction ID: SA11AI.4297 Bokeelia FL 33922 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Loadmaster Southern Air Inc Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Special-Primary

Full Name (Last, First, Middle Initial) Patricia Pierce		Date of Receipt
Mailing Address 33751 Blessington Lane City	State Zip Code	04 16 7 2014
San Juan Capistrano	CA 92675	Transaction ID : SA11AI.4294
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	1500.00
Retired	Executive	
Receipt For: 2014	Election Cycle-to-Date	
Primary General  Other (specify) Special-Primary	1500.00	
SUBTOTAL of Receipts This Page (optional)		1950.00

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

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) (check only of the Detailed Summary Page

FOR LINE NUMBER:			PAGE	:	8_	OF	43	
(ch	eck only	one)						
>	<b>X</b> 11a	11b		11c		11	d	_
	12	13a		13b		14	. [	15

		Statements may not be sold or used by any per e name and address of any political committee			
	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS				
Α.	Full Name (Last, First, Middle Initial) Robert Ponchak Mailing Address 8715 52nd Ave E		Date of Receipt  04 12 2014		
	City Bradenton	State Zip Code FL 34211	Transaction ID : SA11AI.4287		
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
	Name of Employer Retired	Occupation Retired	100.00		
	Receipt For: 2014  Primary General  Other (specify) Special-Primary	Election Cycle-to-Date 350.00			
В.	Full Name (Last, First, Middle Initial) Brian Rist		Date of Receipt		
	Mailing Address 6182 Idlewild Street	04			
	City Fort Myers	State Zip Code FL 33966	Transaction ID : SA11AI.4342		
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
	Name of Employer Smart Companies	Occupation CEO/ Owner	2600.00		
	Receipt For: 2014 Primary General Other (specify) Special-Primary	Election Cycle-to-Date			
	Full Name (Last, First, Middle Initial)		Date of Receipt		
C.	Mailing Address		M M / D D / Y Y Y Y		
	City	State Zip Code			
	FEC ID number of contributing federal political committee.				
	Name of Employer	Occupation			
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date			
S	UBTOTAL of Receipts This Page (optional)		2700.00		
Г	OTAL This Period (last page this line number	6750.00			

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

	FOR LINE NUMBI	PAGE	9	OF	43	
Use separate schedule(s)	(check only one)					
for each category of the Detailed Summary Page	<b>X</b> 17	18	3	19a		] 19k
Betailed Guillinary 1 age	20a	20	0b	20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Artype, Inc 2014 Mailing Address 3530 Work Drive City State Zip Code Amount of Each Disbursement this Period FΙ Fort Myers 33916 895.70 Purpose of Disbursement Yard Sogns 004 Transaction ID: SB17.4396 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) Special-Primary President District: State: Full Name (Last, First, Middle Initial) Bank of America Merchant Services Date of Disbursement Mailing Address PO Box 6600 05 02 2014 City State Zip Code Amount of Each Disbursement this Period MD 21741 Hagerstown Purpose of Disbursement Merchant Services Fee 72.61 Transaction ID: SB17.4423 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President Special-Primary State: District: Full Name (Last, First, Middle Initial) C. Bank of America Merchant Services Date of Disbursement Mailing Address PO Box 6600 05 02 2014 City State Zip Code Amount of Each Disbursement this Period Hagerstown MD 21741 Purpose of Disbursement 0.05 Merchant Services Fee Transaction ID : SB17.4424 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) Special-Primary State: District: 968.36 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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

**PAGE** 10 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Bank of America Merchant Services 2014 Mailing Address PO Box 6600 05 02 City State Zip Code Amount of Each Disbursement this Period MD Hagerstown 21741 Purpose of Disbursement 48.73 Merchant Services Fee Transaction ID: SB17.4427 Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) Special-Primary President District: State: Full Name (Last, First, Middle Initial) Bank of America Merchant Services Date of Disbursement Mailing Address PO Box 6600 06 02 2014 City State Zip Code Amount of Each Disbursement this Period MD 21741 Hagerstown 7.00 Purpose of Disbursement Merchant Services Charge 001 Transaction ID: SB17.4428 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President Special-Primary State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Bellasera Hotel Mailing Address 221 Ninth Street South 04 2014 16 City State Zip Code Amount of Each Disbursement this Period **Naples** FL 34102 Purpose of Disbursement 500.00 Collier County Republican Committee Meet and Greet 007 Transaction ID: SB17.4362 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) Special-Primary State: District: 555.73 SUBTOTAL of Disbursements This Page (optional).....

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

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

**PAGE** 11 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Staples 2014 Mailing Address 1800 Pine Island Road 17 City State Zip Code Amount of Each Disbursement this Period FΙ Cape Coral 33909 Purpose of Disbursement 266.77 Printer Toner 001 Transaction ID: SB17.4368 Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) Special-Primary President District: State: Full Name (Last, First, Middle Initial) WFSX-FM Date of Disbursement Mailing Address 2824 Palm Beach Blvd 04 14 2014 City State Zip Code Amount of Each Disbursement this Period FL 33916 Fort Myers 1010.00 Purpose of Disbursement Radio Advertising 004 Transaction ID: SB17.4359 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President Special-Primary State: District: Full Name (Last, First, Middle Initial) C. WFSX-FM Date of Disbursement Mailing Address 2824 Palm Beach Blvd 04 2014 16 City State Zip Code Amount of Each Disbursement this Period 33916 Fort Myers FL Purpose of Disbursement 1460.00 Radio Advertising 004 Transaction ID : SB17.4367 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) Special-Primary State: District: 2736.77 SUBTOTAL of Disbursements This Page (optional).....

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

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

	Detailed Summ	ary Page	20a 20b 20c 21			
	y information copied from such Reports and Statements may not be sold o for commercial purposes, other than using the name and address of any po					
$\rangle$	NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS					
	Full Name (Last, First, Middle Initial)		Data of Birks			
٩.	WFSX-FM		Date of Disbursement			
	Mailing Address 2824 Palm Beach Blvd		04 18 2014			
	City State Zip Code		Amount of Each Disbursement this Period			
	Fort Myers FL 33916		2000.00			
	Purpose of Disbursement Radio Advertising	004	2600.00 Transaction ID : SB17.4385			
	Candidate Name	Category/ Type	Transaction is . 6517.4666			
	Office Sought:  House Disbursement For: 2014  Senate Primary General					
	President Other (specify) Special-F State: District:	rimary				
	Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement			
	Mailing Address					
	City State Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement		L,,			
	Candidate Name	Category/ Type				
	Office Sought:  House Senate President  Disbursement For: Primary Other (specify)  State:  District:					
	Full Name (Last, First, Middle Initial)					
Э.			Date of Disbursement			
	Mailing Address		M M / D D / Y Y Y			
	City State Zip Code		Amount of Each Disbursement this Period			
Purpose of Disbursement			L,,			
Candidate Name Category/ Type						
	Office Sought:  House Senate President  State:  Disbursement For: Primary Other (specify)  Other (specify)					
s	SUBTOTAL of Disbursements This Page (optional)					
			6860.86			
Т	OTAL This Period (last page this line number only)		0000.00			

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 43 (check only one)  17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name at		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		
Full Name (Last, First, Middle Initial)  A. MICHAEL JOHN DREIKORN		Date of Disbursement
Mailing Address 5697 Bay Point Road		05 02 2014
City State BOKEELIA FL	Zip Code 33922	Amount of Each Disbursement this Period
Purpose of Disbursement Loan Repayment  Candidate Name		280.00 Transaction ID : SB19A.4412
Office Sought:    House   Disbursement		/
Full Name (Last, First, Middle Initial)  MICHAEL JOHN DREIKORN  Mailing Address 5697 Bay Point Road		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State BOKEELIA FL	Zip Code 33922	Amount of Each Disbursement this Period
Purpose of Disbursement Loan Repayment	33922	200.00 Transaction ID : SB19A.4420
Candidate Name	Category Type	/
	For: 2014 ary General er (specify) Special-Primary	
Full Name (Last, First, Middle Initial)  MICHAEL JOHN DREIKORN		Date of Disbursement
Mailing Address 5697 Bay Point Road		M M / D D / Y Y Y Y O D D 2014
City State BOKEELIA FL	Zip Code 33922	Amount of Each Disbursement this Period
Purpose of Disbursement Loan Repayment		200.00
Candidate Name	Category Type	Transaction ID : SB19A.4421
State: FL District: 19		

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

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

680.00

Image# 14941777306		
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 43 (check only one)  17 18 X 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statementor for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		
Full Name (Last, First, Middle Initial)  A. MICHAEL JOHN DREIKORN		Date of Disbursement
Mailing Address 5697 Bay Point Road		05 21 2014
City State BOKEELIA FL  Purpose of Disbursement Loan Repayment	Zip Code 33922	Amount of Each Disbursement this Period  225.00
Candidate Name	Category Type	Transaction ID : SB19A.4422
Office Sought:    House   Disbursement		
Full Name (Last, First, Middle Initial)  B.  Mailing Address		Date of Disbursement
City State	z Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name	Category	y/
State: District:		
Full Name (Last, First, Middle Initial)  C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	y/
Office Sought: House Disbursement	For:	

State:

Senate

District:

President

Primary

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

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

Other (specify)

General

225.00

905.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

15

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4218 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 47.94 0.00 47.94 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 <sup>M</sup> 12<sup>M</sup> <sup>D</sup>26 2013 <sup>M</sup>10 0005 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 47.94 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

16

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4244 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 750.00 0.00 750.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 01 <sup>M</sup> <sup>D</sup>22 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 750.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

17

	1
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4235 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 35.00 0.00 35.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 01<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 35.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

18

<b>\</b>	40-
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4236 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11.20 0.00 11.20 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> <sup>D</sup>30 010 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 11.20 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

19

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4228 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 51.89 0.00 51.89 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> 02 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 51.89 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

20

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4245 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 109.70 0.00 109.70 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> 05 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 109.70 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

21 OF

	il
X	13a
	13h

43

Detailed Summary Page Transaction ID: SC/10.4226 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 14.52 0.00 14.52 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 14.52 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

22

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4248 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 75.00 0.00 75.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>10 <sup>D</sup>31 <sup>D</sup> 0003 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 75.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

23

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4249 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5.00 0.00 5.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> 08 ž014 <sup>M</sup>10 <sup>D</sup>31 <sup>D</sup> 0003 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

24

	1
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4234 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 238.00 0.00 238.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>10<sup>D</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 238.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

25

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4231 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6.77 0.00 6.77 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup> 11 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6.77 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 26

43

OANS			Detailed Summary Pag	
AME OF COMMITTEE (In Full)  OREIKORN FOR CON	GRESS		Transac	ction ID : SC/10.4237
LOAN SOURCE Full Name MICHAEL JOHN DRI	•	ddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 5697 Bay Point Road				Other (specify) ▼ Special-Primary
City		State ZIP C	Code	
BOKEELIA		FL 3392	2	
Original Amount of Loan	330.72	Cumulative Payment 1	To Date Bala	ance Outstanding at Close of This Period
TERMS  Date Incurred	ž014 Y	Date Du	e Interest Rate	
List All Endorsers or Guara		o Loan Source	No. of Franks	
1. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Mid	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
4. Full Name (Last, First, Mid	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This F				330.72
Carry outstanding halance only	to LINE 3 Set	nedule D. for this line. I	If no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

27

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4227 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 24.06 0.00 24.06 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>12 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 24.06 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

28

	1
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4239 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 16.00 0.00 16.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 18<sup>D</sup> 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 16.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

29

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4242 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 19.00 0.00 19.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> 20 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 19.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

30 OF

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4250 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>21 <sup>D</sup> 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>™</sup>12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

31 OF

X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4230 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4.02 0.00 4.02 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>24 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4.02 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

32

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4251 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>24 ž014 <sup>™</sup>12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

33

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4238 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 8.00 0.00 8.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 02<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 8.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 34

**X** 13a

43

JAN5		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS		Transacti	on ID : SC/10.4241
LOAN SOURCE Full Name (Last, First, MICHAEL JOHN DREIKORN		[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 5697 Bay Point Road			Other (specify) ▼ Special-Primary
City	State ZIP Co	ode	
BOKEELIA	FL 33922		
Original Amount of Loan	Cumulative Payment To	Date Baland	ce Outstanding at Close of This Period
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	7	7	9
Date Incurred  M 02	Date Due	Interest Rate 0011 0.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if ar	y) to Loan Source		100 140
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	y
SUBTOTALS This Period This Page (option	nal)	•	32.00
TOTALS This Period (last page in this line			
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry forwa	ird to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

35 OF

	1
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4252 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 280.00 0.00 280.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 010 <sup>M</sup> 03<sup>M</sup> ž014 <sup>™</sup>12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 280.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

36 OF

	i
X	13a
	13b

43

(check only one) Detailed Summary Page Transaction ID: SC/10.4225 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 130.37 0.00 130.37 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 14 <sup>D</sup> 010 <sup>M</sup> 03<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 130.37 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

37

_	i
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4240 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6.36 0.00 6.36 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 010 <sup>M</sup> 03<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6.36 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

38 OF

	_
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4224 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 130.37 0.00 130.37 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 19<sup>D</sup> 010 <sup>M</sup> 03<sup>M</sup> ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 130.37 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

39 OF

	il
X	13a
	13h

43

Detailed Summary Page Transaction ID: SC/10.4233 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 29.27 0.00 29.27 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 03<sup>M</sup> 20 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 29.27 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

40

×	13a
	13h

43

(check only one) Detailed Summary Page Transaction ID: SC/10.4243 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 19.00 0.00 19.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 03<sup>M</sup> 20 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 19.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

41

	1
X	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4257 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 905.00 1095.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 03<sup>M</sup> 20 ž014 <sup>™</sup>12 0.00 0006 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1095.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

42

×	13a
	13h

43

Detailed Summary Page Transaction ID: SC/10.4229 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 131.43 0.00 131.43 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 03<sup>M</sup> <sup>D</sup>22 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 131.43 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

43

×	13a
	13b

43

Detailed Summary Page Transaction ID: SC/10.4223 NAME OF COMMITTEE (In Full) DREIKORN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL JOHN DREIKORN General Mailing Address X Other (specify) 5697 Bay Point Road Special-Primary State ZIP Code City FL 33922 **BOKEELIA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 133.55 0.00 133.55 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>M</sup> 04 02 ž014 <sup>M</sup>09 0011 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 133.55 TOTALS This Period (last page in this line only) ...... 9734.17 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.