

# 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  
**ELECT APRIL FREEMAN**

ADDRESS (number and street) 10051 MCGREGOR BLVD.  
SUITE 204  
 Check if different than previously reported. (ACC) FORT MYERS FL 33919

2. **FEC IDENTIFICATION NUMBER** C C00541359 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) FL 17

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 11 / 08 / 2016 in the State of FL  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period 07 / 01 / 2016 through 08 / 10 / 2016

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 Betty Kostrach  
Signature of Treasurer Betty Kostrach [Electronically Filed] Date 08 / 15 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**ELECT APRIL FREEMAN**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8815.89	111284.50
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8815.89	111284.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3554.65	91327.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3554.65	91327.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	48521.94	
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).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**ELECT APRIL FREEMAN**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 08 / 10 / 2016

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5979.73	84568.36
(ii) Unitemized.....	2836.16	21316.14
(iii) TOTAL of contributions from individuals ▶	8815.89	105884.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	5400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8815.89	111284.50
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	8815.89	111284.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3554.65	91327.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3554.65	91327.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43260.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8815.89
25. SUBTOTAL (add Line 23 and Line 24).....	52076.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3554.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	48521.94

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

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

NAME OF COMMITTEE (In Full)  
**ELECT APRIL FREEMAN**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Bronfman**

Mailing Address 501 N Lake Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Self Occupation Philanthropist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2016

**Transaction ID : SA11AI.5396**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address PO Box 1036

City State Zip Code  
Englewood FL 34295

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2016

**Transaction ID : SA11AI.5403**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 2516 SW 45 St

City State Zip Code  
Cape Coral FL 33914

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
355.35

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2016

**Transaction ID : SA11AI.5339**

Amount of Each Receipt this Period  
20.00

Memo Item

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

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

2970.00

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

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NAME OF COMMITTEE (In Full)  
**ELECT APRIL FREEMAN**

**A.** Full Name (Last, First, Middle Initial)  
**Sherry Graff**

Mailing Address 2516 SW 45 St

City Cape Coral State FL Zip Code 33914

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**405.35**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 15 / 2016**

**Transaction ID : SA11AI.5340**

Amount of Each Receipt this Period  
**50.00**

Memo Item

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

Mailing Address 2516 SW 45 St

City Cape Coral State FL Zip Code 33914

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**425.35**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2016**

**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
**20.00**

Memo Item

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

Mailing Address 2516 SW 45 St

City Cape Coral State FL Zip Code 33914

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**445.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2016**

**Transaction ID : SA11AI.5372**

Amount of Each Receipt this Period  
**19.73**

Memo Item

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

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

**89.73**

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

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

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NAME OF COMMITTEE (In Full)  
**ELECT APRIL FREEMAN**

**A.** Full Name (Last, First, Middle Initial)  
**Sherry Graff**

Mailing Address 2516 SW 45 St

City Cape Coral State FL Zip Code 33914

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
465.08

Date of Receipt  
08 / 05 / 2016

**Transaction ID : SA11AI.5416**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 2516 SW 45 St

City Cape Coral State FL Zip Code 33914

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
515.08

Date of Receipt  
08 / 10 / 2016

**Transaction ID : SA11AI.5438**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**International Union of Painters and Allied Trades**

Mailing Address 7234 Parkway Dr

City Hanover State MD Zip Code 21076

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer PAC Occupation PAC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
08 / 04 / 2016

**Transaction ID : SA11AI.5388**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

2570.00

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

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

FOR LINE NUMBER: PAGE 8 OF 12  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**ELECT APRIL FREEMAN**

**A.** Full Name (Last, First, Middle Initial)  
**Lewis Robinson**

Mailing Address 17501 Village Inler Crk

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 11 / 2016**

**Transaction ID : SA11AI.5326**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

Mailing Address 1626 Chinaberry Way

City State Zip Code  
Naples FL 34105

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
 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  
**07 / 21 / 2016**

**Transaction ID : SA11AI.5360**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

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

**350.00**

**5979.73**



**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 9 OF 12
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**ELECT APRIL FREEMAN**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2016
Mailing Address P.O. Box 441146		Amount of Each Disbursement this Period 160.00
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5484</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ATT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 429.56
City Carol Stream	State IL	
Zip Code 60187	Purpose of Disbursement Communication	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5460</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 1606 Willow Road		Amount of Each Disbursement this Period 244.17
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5462</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	833.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**ELECT APRIL FREEMAN**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 1606 Willow Road		Amount of Each Disbursement this Period 6.03
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Advertising	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5463</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016
Mailing Address 1606 Willow Road		Amount of Each Disbursement this Period 202.77
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Advertising	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5478</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016
Mailing Address 1606 Willow Road		Amount of Each Disbursement this Period 15.55
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Advertising	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5480</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	224.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**ELECT APRIL FREEMAN**

Full Name (Last, First, Middle Initial) <b>A. FEC</b>		Date of Disbursement
Mailing Address 999 E. Street		M M / D D / Y Y Y Y 07 / 01 / 2016
City Washington	State DC	Amount of Each Disbursement this Period
Zip Code 20463		100.00
Purpose of Disbursement Admin Fine	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.5439</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement
Mailing Address 520 S. Grand Ave, Second Floor		M M / D D / Y Y Y Y 07 / 22 / 2016
City Los Angeles	State CA	Amount of Each Disbursement this Period
Zip Code 90410		181.73
Purpose of Disbursement Webhosting	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.5470</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement
Mailing Address 5043 S CLEVELAND AVE 14		M M / D D / Y Y Y Y 07 / 25 / 2016
City FORT MYERS	State FL	Amount of Each Disbursement this Period
Zip Code 33907		183.87
Purpose of Disbursement Supplies	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.5472</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	465.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**ELECT APRIL FREEMAN**

Full Name (Last, First, Middle Initial) <b>A. Sam Fisher</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address Service Fee		Amount of Each Disbursement this Period 1000.00
City Cape Coral	State FL	
Zip Code 33909	Purpose of Disbursement Service Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5450</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stor Rite</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016
Mailing Address 2555 NE Pine Island Road		Amount of Each Disbursement this Period 129.32
City Cape Coral	State FL	
Zip Code 33909	Purpose of Disbursement Storage Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5479</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1129.32
<b>TOTAL</b> This Period (last page this line number only).....	2653.00