

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

HASTINGS FOR CONGRESS

ADDRESS (number and street) ▼

P.O. BOX 100277

Check if different than previously reported. (ACC)

FT. LAUDERDALE

FL

33310

2. **FEC IDENTIFICATION NUMBER** ▼

C C00269837

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

FL

23

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Mr. TOMAS MCINTOSH

Signature of Treasurer Mr. TOMAS MCINTOSH

[Electronically Filed]

Date

/ /

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
HASTINGS FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	95265.00	655772.70
(b) Total Contribution Refunds (from Line 20(d))	2700.00	5200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	92565.00	650572.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	129701.66	528111.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1746.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	129701.66	526364.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	283310.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

HASTINGS FOR CONGRESS

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

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).....	49525.00	301388.00
(ii) Unitemized.....	2140.00	28290.00
(iii) TOTAL of contributions from individuals ▶	51665.00	329678.00
(b) Political Party Committees.....	1000.00	20000.00
(c) Other Political Committees (such as PACs).....	42600.00	306094.70
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	95265.00	655772.70
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	1746.82
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	95265.00	657519.52

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	129701.66	528111.12
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	2700.00	5200.00
(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)).....	2700.00	5200.00
21. OTHER DISBURSEMENTS	13020.00	132778.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	145421.66	666089.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	333467.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	95265.00
25. SUBTOTAL (add Line 23 and Line 24).....	428732.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145421.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	283310.38

: 97 `A -G79 @ @ B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: F3N
Transaction ID :

LALE MORRISON REIMBURSE CAMPAIGN F/R EXPENCES: 8/27 \$888.22 MEALS
 FOR CAMPAIGN WORKERS FROM AUGUST4 THRU AUGUST 27,2014.
 9/2 \$1495.49 LODGING/MEALS/ W HOTELFROM 8/20 THRU 8/24 CAMPAIGN F/R IN FT.LAUDERDALE.
 9/8 \$246.38 TELEPHONE CHARGES F/R EVENT. 9/8 \$ 1809.94 AIR TRAVEL
 D.C. TO BOSTON,/ LODGING/MEALS BOSTON F/R 09/7.
 9/26 \$ 1650.84 AIR TRAVEL D.C TO FT. LAUDERDALE / HOTEL/CATERING FOR BLACK ELECTED OFFICIALS
 MEETING ON G.O.T.V.REP DONNA EDWARDS 08/14 AT HARD ROCK HOTEL. 9/30
 \$169.55 TELEPHONE CHARGES F/R EVENT. 9/30 \$3049.55 AIR TRAVEL D.C. TO
 FT. LAUDERDALE/HOTEL/MEALS / CAR RENTAL FOR ELECTION CAMPAIGN FROM 08/25 THRU 08/29.
 ALCEE HASTINGS REIMBURSE CAMPAIGN F/R EXPENCES.09/11 \$417.00 AIR
 TRAVEL D.C. TO BOSTON 09/7;HOTEL/MEALS .

Form/Schedule:
Transaction ID:

**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 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. ALFREDO J ALEGRIA

Mailing Address 1330 HOLLY HEIGHTS DR
APT 1

City FT LAUDERDALE State FL Zip Code 33304

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

Name of Employer SELF EMPLOYED Occupation BUSINESS CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
410.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11Al.23355

Amount of Each Receipt this Period
160.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. JEFFREY BARBER

Mailing Address 381 BEACON STREET

City BOSTON State MA Zip Code 02116

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

Name of Employer SELF EMPLOYED Occupation FINANCIAL 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
 09 / 19 / 2014

Transaction ID : SA11Al.23391

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ms NAIMISHA BAROT

Mailing Address 4243 NORTHLAKE BLVE.
STE. D

City PALM BEACH GARDENS State FL Zip Code 33410

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

Name of Employer CREATIVE CHOICE HOMES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
905.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11Al.23276

Amount of Each Receipt this Period
905.00

In-kind -F/R 08/12/14 RENTAL OF VENUE,FOOD & DRINKS

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

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

2065.00

**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 7 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. YASH BAROT

Mailing Address 3864 HAMILTON KEY

City WEST PALM BEACH State FL Zip Code 33411

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

Name of Employer SELF EMPLOYED Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11AI.23305

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. YASH BAROT

Mailing Address 3864 HAMILTON KEY

City WEST PALM BEACH State FL Zip Code 33411

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

Name of Employer SELF EMPLOYED Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11AI.23309

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. YASH BAROT

Mailing Address 3864 HAMILTON KEY

City WEST PALM BEACH State FL Zip Code 33411

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

Name of Employer SELF EMPLOYED Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2014

Transaction ID : SA11AI.23324

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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)	PAGE 8 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms SUSAN BIENER BERGMAN Esq.

Mailing Address 18 WALTER STREET

City State Zip Code
NEWTON CENTER MA 02459

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

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
360.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.23398

Amount of Each Receipt this Period
360.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. MICHAEL BERK

Mailing Address 200 DARENDAR STREET

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
TA ASSOCIATES/INVESTMENTS 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
09 / 19 / 2014

Transaction ID : SA11AI.23393

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHESTER A BISHOP

Mailing Address 2400 NORTH UNIVERSITY DRIVE
SUITE 200

City State Zip Code
PEMBROKE PINES FL 33024

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11AI.23342

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1860.00

**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 9 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. PAUL A. BRATHWAITE

Mailing Address 13102 JORDAN ENDEAVOR DR.

City State Zip Code
BOWIE MD 20720

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PODESTA GROUP DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.23282

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mrs. CLAIRE SOCOLOVSKY CAINE Esq.

Mailing Address 40 LITTLEFIELD RD.

City State Zip Code
NEWTON MA 02459

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.23394

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. MICHAEL E. CARN

Mailing Address 2725 NW 24 TH AVE

City State Zip Code
OAKLAND PARK FL 33311

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STATE SENATE DIST 29 ELECTRICAL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.23378

Amount of Each Receipt this Period

CONTRIBUTION

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. NANCY P DEE

Mailing Address 217 SE 2 ND TER

City DANIA State FL Zip Code 33004

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.23384

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. STEVEN W. EFFMAN

Mailing Address 13150 NW 11 TH STREET

City SUNRISE State FL Zip Code 33323

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

Name of Employer SELF EMPLOYED Occupation BUSINESS CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.23424

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. KENNETH EVANS

Mailing Address 4624 SEA GRAPE DRIVE

City LAUDERDALE BY THE State FL Zip Code 33308

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

Name of Employer CAMP Occupation SUMER CAMP DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.23288

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. MARIE R. GILL Esq.

Mailing Address 565 NW 210 TH STREET
NO 102

City MIAMI State FL Zip Code 33169

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2014

Transaction ID : SA11AI.23281

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. STEVEN J. GREEN Esq.

Mailing Address 2601 S. BAYSHORE DR.
SUITE 800

City MIAMI State FL Zip Code 33133

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.23302

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. STEVEN J. GREEN Esq.

Mailing Address 2601 S. BAYSHORE DR.
SUITE 800

City MIAMI State FL Zip Code 33133

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.23303

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

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

5500.00

**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 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. TOM GUSTAFSON

Mailing Address 15725 BOEING COURT

City Wellington State FL Zip Code 33414

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

Name of Employer NOVA SOUTHEASTERN UNIVERSITY Occupation UNIVERSITY STAFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.23287

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. EDWARD E. HADDOCK Jr.

Mailing Address 3300 UNIVERSITY BLVD.
STE 218

City WINTER PARK State FL Zip Code 32792

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

Name of Employer FULL SAIL UNIVERSITY Occupation CO-CHAIRMAN,CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.23402

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ms HENRY B. HANDLER

Mailing Address 2255 GLADES ROAD
APT 218A

City BOCA RATON State FL Zip Code 33431

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 23 / 2014

Transaction ID : SA11AI.23329

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 13 OF 66
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. CHRISS HEINE

Mailing Address 2765 LAKE DR.

City State Zip Code
RIVIERA BEACH FL 33404

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.23330

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. RENEE K HERZING

Mailing Address 2209 E KINSINGTON BLVD

City State Zip Code
SHOREWOOD, WI 53211

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HERZING, INC. EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.23395

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. MICHAEL H. HUTTON

Mailing Address 20 ROYAL DOMINION CT

City State Zip Code
BETHESDA MD 20817

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HUTTON STRATEGIES CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.23414

Amount of Each Receipt this Period

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 66
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. BRAD A JENSEN

Mailing Address 3970 WEST 9850 NORTH

City State Zip Code
CEDER HILLS UT 84062

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 21 2014

Transaction ID : SA11AI.23332

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Ms EDDIE BERNICE JOHNSON Esq.

Mailing Address 1300 S CRYSTAL DR
1006

City State Zip Code
ARLINGTON VA 22202

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

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 04 2014

Transaction ID : SA11AI.23376

Amount of Each Receipt this Period
 1200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. HEATH J JOHNSON

Mailing Address 1692 N. CHERAPPLE DR.

City State Zip Code
OREM UT 84097

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

Name of Employer Occupation
SELF EMPLOYED AUTHOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 21 2014

Transaction ID : SA11AI.23333

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5200.00

**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 15 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. CYRUS M. JOLLIVETTE Esq.

Mailing Address P.O. BOX 23549

City JACKSONVILLE State FL Zip Code 32241

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

Name of Employer CYRUS M. JOLLIVETTE PUBLIC AFF Occupation LOBBYIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11AI.23413

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. LYNELLE G LYNCH

Mailing Address P.O. BOX 2207

City SINCHO SANTA FE State CA Zip Code 92067

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

Name of Employer APSCU Occupation GOVERNMENT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.23399

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. BRIANNE MARKISICH

Mailing Address 16420 SAPPHIRE ST

City WESTON State FL Zip Code 33331

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

Name of Employer SELF EMPLOYED Occupation BUSINESS 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
 08 / 22 / 2014

Transaction ID : SA11AI.23337

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. KENDRICK MEEK

Mailing Address 6830 NW 28 AVE

City State Zip Code
MIAMI FL 33147

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

Name of Employer Occupation
SELF EMPLOYED PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.23289

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. LLOYD S MEISELS Esq.

Mailing Address 706 SOUTH RIO VISTA BLVD

City State Zip Code
FT. LAUDERDALE FL 33316

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.23382

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ms BURNADETTE NORRIS-WEEKS

Mailing Address P.O. BOX 770026

City State Zip Code
CORAL SPRINGS FL 33077

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

Name of Employer Occupation
BROWARD SCHOOL SYSTEM EDUCATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.23425

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

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

1700.00

**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 17 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. FRANKLIN PHIFER

Mailing Address 3502 WHITEHAVEN PKY., NW

City WASHINGTON State DC Zip Code 20007

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

Name of Employer HECHT, SPENCER AND ASSOCIATES Occupation LOBBYIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.23415

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. DAVID POOLE

Mailing Address 1825 COUNTRY CLUB DRIVE

City TALLAHASSEE State FL Zip Code 32301

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

Name of Employer SELF EMPLOYED Occupation ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11AI.23350

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. JANA REICH

Mailing Address 2020 LONNIE ABBOTT BLVD

City ADA State OK Zip Code 74820

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

Name of Employer THE CHICKASAW NATION Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.23407

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. MARK H ROBINSON

Mailing Address 1132 CABOT LN

City DRAPER State UT Zip Code 84020

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.23334

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. MIKE ROBINSON

Mailing Address 12659 S 125 E

City DRAPER State UT Zip Code 84020

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

Name of Employer SELF EMPLOYED Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.23335

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. JUDGE EDWARD RODGERS

Mailing Address 1170 BIMINI LN

City RIVIERA BEACH State FL Zip Code 33404

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

Name of Employer RETIRED Occupation CURCUT COURT JUDGE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11AI.23306

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. RACHEL A SCHMIDT

Mailing Address 7408 ROSALIND CIR

City State Zip Code
COTTONWD UT 84121

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.23336

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. SHAILESH SHAH

Mailing Address 2126 MILANO CT

City State Zip Code
PALM BEACH GARDENS FL 33418

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

Name of Employer Occupation
GARDENS DRUGS PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11AI.23322

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Dr. ASHOK K. SHARMA

Mailing Address 2855 HUNTER RD

City State Zip Code
WESTON FL 33326

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

Name of Employer Occupation
SELF EMPLOYED MEDICAL DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11AI.23312

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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)	PAGE 20 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. D K SPRAGUE

Mailing Address P.O. BOX 218

City State Zip Code
DORR MN 49323

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

Name of Employer Occupation
POTTAWATOMI INDIANS TRIBAL CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.23405

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. CARLOS VIDUEIRA

Mailing Address 411 N NEW RIVER DR
APT 301

City State Zip Code
FT. LAUDERDALE FL 33301

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

Name of Employer Occupation
MARINE INDUSTRIES ASSC. MIASF EXEC. DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11AI.23326

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ms NANCY E. VINER

Mailing Address 151 TREMONT ST
26B

City State Zip Code
BOSTON MA 02111

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

Name of Employer Occupation
FIDELITY INVESTMENTS DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.23389

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

6200.00

**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 21 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. MICHAEL WEINSTEIN

Mailing Address 2332 BRONSON HILL DRIVE

City State Zip Code
LOS ANGELES CA 90068

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.23347

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. JEFFREY C. WOLK

Mailing Address 45 WOODLAND ROAD

City State Zip Code
CHESTNUT HILL MA 02467

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE CROSS COUNTRY GROUP VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.23390

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address

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

Date of Receipt
 / /

Amount of Each Receipt this Period

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 66
	<input type="checkbox"/> 11a 12 <input checked="" 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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARBARA LEE FOR CONGRESS

Mailing Address 1736 FRANKLIN STREET #500

City OAKLAND State CA Zip Code 94612

FEC ID number of contributing federal political committee. **C** C00331769

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 Y Y
 08 / 07 / 2014

Transaction ID : SA11B.23298

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 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 Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**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 23 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

Mailing Address 80 F Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00009936**

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 Y Y
 09 / 12 / 2014

Transaction ID : SA11C.23381

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATION OF PRIVATE SECTOR COLLEGES AND UNIVERSITIES POLITICAL ACTION COMMITTEE

Mailing Address 1101 CONNECTICUT AVENUE, NW
SUITE 900

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00213066**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11C.23388

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City San Antonio State TX Zip Code 78205

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
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11C.23307

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

7000.00

**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 24 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAREER EDUCATION CORPORATION PAC (CEC PAC)

Mailing Address P.O. Box 77693

City Washington State DC Zip Code 20013

FEC ID number of contributing federal political committee. **C** C00461574

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11C.23372

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAREER EDUCATION CORPORATION PAC (CEC PAC)

Mailing Address P.O. Box 77693

City Washington State DC Zip Code 20013

FEC ID number of contributing federal political committee. **C** C00461574

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11C.23373

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COMMONWEALTH PAC

Mailing Address PO BOX 383

City MERRIFIELD State VA Zip Code 22116

FEC ID number of contributing federal political committee. **C** C00498931

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
 08 / 07 / 2014

Transaction ID : SA11C.23299

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3500.00

**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 25 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CTIA - THE WIRELESS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1400 16TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00262295**

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 Y Y
 08 / 12 / 2014

Transaction ID : SA11C.23300

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEVRY INC POLITICAL ACTION COMMITTEE

Mailing Address 3005 HIGHLAND PARKWAY

City DOWNERS GROVE State IL Zip Code 60515

FEC ID number of contributing federal political committee. **C C00198606**

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 Y Y
 09 / 19 / 2014

Transaction ID : SA11C.23410

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDUCATION MANAGEMENT CORPORATION EMPLOYEE PAC (EDMC EDU-PAC)

Mailing Address 210 SIXTH AVENUE
33RD FLOOR

City PITTSBURGH State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C C00466169**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11C.23409

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3000.00
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: (check only one)	PAGE 26 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 750 9TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00002261**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.23301

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FINANCIAL SERVICE CENTERS OF AMERICA INC.

Mailing Address Court Plaza No. 25 Main St
PO Box 647

City Hackensack State NJ Zip Code 07602

FEC ID number of contributing federal political committee. **C C00232843**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11C.23308

Amount of Each Receipt this Period
 4000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 LINDEN ROAD

City MINEOLA State NY Zip Code 11501

FEC ID number of contributing federal political committee. **C C00318931**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11C.23386

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

6000.00

**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 27 OF 66
	<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)
HASTINGS FOR CONGRESS

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

Mailing Address 905 16TH STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11C.23325

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11C.23371

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PENINSULA DEMOCRATIC COALITION

Mailing Address 1360 EMERSON STREET

City PALO ALTO State CA Zip Code 94301

FEC ID number of contributing federal political committee. **C C00427203**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11C.23295

Amount of Each Receipt this Period
 1600.00
 CONTRIBUTION

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

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

9100.00

**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 28 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11C.23379

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

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

Mailing Address P.O. Box 675

City Bolton State MS Zip Code 39041

FEC ID number of contributing federal political committee. **C** C00411611

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 Y Y
 08 / 12 / 2014

Transaction ID : SA11C.23304

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SERVICE EMPLOYEES INTERNATIONAL UNION

Mailing Address 1800 MASSACHUSETTS AVENUE N W

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C70003124

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 Y Y
 08 / 23 / 2014

Transaction ID : SA11C.23331

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

9500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 66
	<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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOUTHERN CALIFORNIA FUND

Mailing Address 555 SOUTH FLOWER STREET #4510

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00361410

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 Y Y
 08 / 07 / 2014

Transaction ID : SA11C.23297

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00432526

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 Y Y
 09 / 04 / 2014

Transaction ID : SA11C.23375

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTWOOD COLLEGE INC FUND FOR EDUCATIONAL EXCELLENCE

Mailing Address 7694 TECHNOLOGY WAY
SUITE 400

City DENVER State CO Zip Code 80237

FEC ID number of contributing federal political committee. **C** C00467589

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 Y Y
 09 / 19 / 2014

Transaction ID : SA11C.23401

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

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

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

_____ 4500.00

_____ 42600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN P/SIGNS AMERICAN POLITICAL SIGNS		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address P.O. BOX 22365		Amount of Each Disbursement this Period 4004.05 Transaction ID : SB17.23496
City HOLLYWOOD	State FL	
Zip Code 33621	Purpose of Disbursement CAMPAIGN YARD SIGNS	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:	

Full Name (Last, First, Middle Initial) B. A.T.& T. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 191.85 Transaction ID : SB17.23426
City CHARLOTTE	State NC	
Zip Code 28272	Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	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:	

Full Name (Last, First, Middle Initial) C. A.T.& T. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 157.95 Transaction ID : SB17.23427
City CHARLOTTE	State NC	
Zip Code 28272	Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4353.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 83.00 Transaction ID : SB17.23442
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement BANK FEES/CHECK ORDERS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.23443
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Ms NAIMISHA BAROT		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4243 NORTHLAKE BLVE. STE. D		Amount of Each Disbursement this Period 905.00 Transaction ID : SB17.23277
City PALM BEACH GARDENS State FL Zip Code 33410	Purpose of Disbursement In-kind -F/R 08/12/14 RENTAL OF VENUE,FOOD & DRINKS	
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).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 66			
	<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)
HASTINGS FOR CONGRESS

A. BASHFULL DAISY BASHFULL DAISY

Full Name (Last, First, Middle Initial)
Mailing Address 618 NE 3 AVENUE

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement FLOWERS FOR CONST.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 119.78

Transaction ID : SB17.23432

B. BASHFULL DAISY BASHFULL DAISY

Full Name (Last, First, Middle Initial)
Mailing Address 618 NE 3 AVENUE

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement FLOWERS FOR CONST.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 225.78

Transaction ID : SB17.23433

C. BASHFULL DAISY BASHFULL DAISY

Full Name (Last, First, Middle Initial)
Mailing Address 618 NE 3 AVENUE

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement FLOWERS FOR CONST.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 212.00

Transaction ID : SB17.23434

SUBTOTAL of Disbursements This Page (optional)..... 557.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASHFULL DAISY BASHFULL DAISY			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 172.78	
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.23435	
Purpose of Disbursement FLOWERS FOR CONST.		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. BASHFULL DAISY BASHFULL DAISY			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 146.28	
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.23436	
Purpose of Disbursement FLOWERS FOR CONST.		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. BASHFULL DAISY BASHFULL DAISY			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 237.44	
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.23437	
Purpose of Disbursement FLOWERS FOR CONST.		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	556.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. JOHN BELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 1112 NW 15TH CT		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.23481
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN PHONE BANKER WAGE.	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:	

Full Name (Last, First, Middle Initial) B. Mr. JOHN BELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 1112 NW 15TH CT		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.23516
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement FOOD FOR CAMPAIGN POLL WORKERS	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:	

Full Name (Last, First, Middle Initial) C. Mr. JOHN BELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 1112 NW 15TH CT		Amount of Each Disbursement this Period 1632.50 Transaction ID : SB17.23523
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN STAFF SALARY	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:	

SUBTOTAL of Disbursements This Page (optional).....	1772.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BETTYS RESTAURANT & BETTYS RESTAURANT & BBQ		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 601 NW 22 ROAD		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.23515
City FT LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN VICTORY PARTY CAKES.	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:	

Full Name (Last, First, Middle Initial) B. BETTYS RESTAURANT & BETTYS RESTAURANT & BBQ		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 601 NW 22 ROAD		Amount of Each Disbursement this Period 2700.00 Transaction ID : SB17.23522
City FT LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN CATERING SERVICE	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:	

Full Name (Last, First, Middle Initial) C. Ms MARY WASHINGTON BROOKS		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 2485 NW 15 TH CT		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.23508
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement BAND FOR VICTORY PARTY	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:	

SUBTOTAL of Disbursements This Page (optional).....	3900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms MARY WASHINGTON BROOKS			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 2485 NW 15 TH CT			Amount of Each Disbursement this Period 200.00	
City FT. LAUDERDALE	State FL	Zip Code 33311	Transaction ID : SB17.23545	
Purpose of Disbursement VICTORY PARTY MUSIC-BAL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. BROWARD COUNTY AFL-C BROWARD COUNTY AFL-CIO			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address 1700 N.W. 66 AVE			Amount of Each Disbursement this Period 610.00	
City PLANTATION	State FL	Zip Code 33313	Transaction ID : SB17.23463	
Purpose of Disbursement CAMPAIGN ADV IN JOURNAL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. BROWARD COUNTY AFL-C BROWARD COUNTY AFL-CIO			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 1700 N.W. 66 AVE			Amount of Each Disbursement this Period 190.00	
City PLANTATION	State FL	Zip Code 33313	Transaction ID : SB17.23525	
Purpose of Disbursement CAMPAIGN ADV IN JOURNAL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC

Mailing Address 2701 W. OAKLAND PARK BLVD
MAILBOX#104

City OAKLAND PARK State FL Zip Code 33311

Purpose of Disbursement
CAMPAIGN OFFICE LEASE PAYMENT

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
08 / 29 / 2014

Amount of Each Disbursement this Period
350.00

Transaction ID : SB17.23440

Category/Type

Full Name (Last, First, Middle Initial)
B. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC

Mailing Address 2701 W. OAKLAND PARK BLVD
MAILBOX#104

City OAKLAND PARK State FL Zip Code 33311

Purpose of Disbursement
CAMPAIGN OFFICE LEASE PAYMENT

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
09 / 25 / 2014

Amount of Each Disbursement this Period
350.00

Transaction ID : SB17.23441

Category/Type

Full Name (Last, First, Middle Initial)
C. CLUB OF BROWARD CARIBBEAN AMERICAN DEMOCRATIC

Mailing Address P.O. BOX 490348

City FT. LAUDERDALE State FL Zip Code 33349-0348

Purpose of Disbursement
CAMPAING ADV IN JOURNAL

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
08 / 08 / 2014

Amount of Each Disbursement this Period
320.00

Transaction ID : SB17.23462

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 1020.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COMCAST COMCAST		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 103.54 Transaction ID : SB17.23428
City DENVER	State CO	
Zip Code 80217	Purpose of Disbursement CAMPAIGN INTERNET SERVICE	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:	

Full Name (Last, First, Middle Initial) B. COMCAST COMCAST		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 103.54 Transaction ID : SB17.23429
City DENVER	State CO	
Zip Code 80217	Purpose of Disbursement CAMPAIGN INTERNET SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. GEORGE CONE		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 521 NW 30TH TERR		Amount of Each Disbursement this Period 330.00 Transaction ID : SB17.23543
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CARGO VAN RENTAL FOR SIGNS DISTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	537.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DCS DICKIE CONSULTING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 1033 NW 6 TH STREET STE 206		Amount of Each Disbursement this Period 1590.00 Transaction ID : SB17.23471
City FT. LAUDERDALE	State FL Zip Code 33311	
Purpose of Disbursement CAMPAIGN FIELD OFFICE AUGUST RENT.	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:		

Full Name (Last, First, Middle Initial) B. DCS DICKIE CONSULTING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 1033 NW 6 TH STREET STE 206		Amount of Each Disbursement this Period 1590.00 Transaction ID : SB17.23529
City FT. LAUDERDALE	State FL Zip Code 33311	
Purpose of Disbursement CAMPAIGN FIELD OFFICE RENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX FEDEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address P.O. BOX 1140		Amount of Each Disbursement this Period 6.12 Transaction ID : SB17.23476
City MEMPHIS	State TN Zip Code 38101	
Purpose of Disbursement CAMPAIGN AIRBILLS.	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:		

SUBTOTAL of Disbursements This Page (optional).....	3186.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX FEDEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address P.O. BOX 1140		Amount of Each Disbursement this Period 66.42 Transaction ID : SB17.23491
City MEMPHIS	State TN	
Zip Code 38101	Purpose of Disbursement CAMPAIGN AIRBILL	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:	

Full Name (Last, First, Middle Initial) B. FEDEX FEDEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address P.O. BOX 1140		Amount of Each Disbursement this Period 11.24 Transaction ID : SB17.23510
City MEMPHIS	State TN	
Zip Code 38101	Purpose of Disbursement CAMPAIGN AIRBILL	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:	

Full Name (Last, First, Middle Initial) C. FEDEX FEDEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address P.O. BOX 1140		Amount of Each Disbursement this Period 49.70 Transaction ID : SB17.23519
City MEMPHIS	State TN	
Zip Code 38101	Purpose of Disbursement CAMPAIGN AIRBILLS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	66.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. FEDEX FEDEX

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement
CAMPAIGN AIRBILLS

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
09 / 19 / 2014

Amount of Each Disbursement this Period
79.12

Transaction ID : SB17.23550

Category/Type

Full Name (Last, First, Middle Initial)
B. DEMOCRATIC CLUB FRANKIE D. THOMAS DEM CLUB

Mailing Address 1600 NW 15 TH PLACE

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement
CAMPAIGN ADV IN JOURNAL

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
08 / 07 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB17.23452

Category/Type

Full Name (Last, First, Middle Initial)
C. Mr. ANDREW GRAY

Mailing Address 2730 CARDENA STREET

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
CAMPAIGN YOUTH CONSULTANT

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
08 / 07 / 2014

Amount of Each Disbursement this Period
275.00

Transaction ID : SB17.23457

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 1354.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. ANDREW GRAY		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 2730 CARDENA STREET		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.23478
City CORAL GABLES	State FL	
Zip Code 33134	Purpose of Disbursement CAMPAIGN YOUTH CONSULTANT	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:	

Full Name (Last, First, Middle Initial) B. Mr. ANDREW GRAY		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 2730 CARDENA STREET		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.23513
City CORAL GABLES	State FL	
Zip Code 33134	Purpose of Disbursement CAMPAIGN YOUTH CONSULTANT	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:	

Full Name (Last, First, Middle Initial) C. ALCEE L HASTINGS		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 2235 RAYBURN OFFICE BUILDING		Amount of Each Disbursement this Period 417.00 Transaction ID : SB17.23559
City WASHINGTON	State DC	
Zip Code 20515	Purpose of Disbursement REIMB. CAMPAIGN F/R EXPENCES	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: FL District: 20	

SUBTOTAL of Disbursements This Page (optional).....	967.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms LAVITA HOLMES		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 901 FLORIDA AVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.23492
City CLEWISTON	State FL	
Zip Code 33440	Purpose of Disbursement CAMPAIGN GOTV WORKER	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:	

Full Name (Last, First, Middle Initial) B. Mr. BOB HUGHES		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 1320 NW 21ST STREET		Amount of Each Disbursement this Period 2924.00 Transaction ID : SB17.23493
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN SIGN WORKER.	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:	

Full Name (Last, First, Middle Initial) C. Mr. BOB HUGHES		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 1320 NW 21ST STREET		Amount of Each Disbursement this Period 775.00 Transaction ID : SB17.23528
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN ELECTION NIGHT PHOTOS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6199.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. IMPACT POLITICS IMPACT POLITICS		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 16740 WATERS EDGE DRIVE		Amount of Each Disbursement this Period 2150.00
City WESTON State FL Zip Code 33326	Purpose of Disbursement RETAINER / NGP AUGUST	
Candidate Name	Category/Type	Transaction ID : SB17.23446
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. IMPACT POLITICS IMPACT POLITICS		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 16740 WATERS EDGE DRIVE		Amount of Each Disbursement this Period 5332.05
City WESTON State FL Zip Code 33326	Purpose of Disbursement RETAINER/ NGP SEPTEMBER	
Candidate Name	Category/Type	Transaction ID : SB17.23530
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INFINITI INC. INFINITI FINANCIAL SERVICES		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address P.O. BOX 650679		Amount of Each Disbursement this Period 592.23
City DALLAS State TX Zip Code 75265-0679	Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT	
Candidate Name	Category/Type	Transaction ID : SB17.23430
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).....	8074.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INFINITI INC. INFINITI FINANCIAL SERVICES		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address P.O. BOX 650679		Amount of Each Disbursement this Period 592.23 Transaction ID : SB17.23431
City DALLAS	State TX	
Zip Code 75265-0679	Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. CLARENCE JACKSON Jr.		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 4361 NW 12 CT.		Amount of Each Disbursement this Period 2968.00 Transaction ID : SB17.23464
City LAUDERHILL	State FL	
Zip Code 33313	Purpose of Disbursement CAMPAIGN GOTV WORKER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" 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. BP STATION JAI JAI BP		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address N.W. 9 TH AVENUE		Amount of Each Disbursement this Period 710.43 Transaction ID : SB17.23527
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement GAS FOR CAMPAIGN DRIVERS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4270.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 408.10 Transaction ID : SB17.23438
City LAUDERHILL State FL Zip Code 33313	Purpose of Disbursement CAMPAIGN MATERIAL STORAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 408.10 Transaction ID : SB17.23439
City LAUDERHILL State FL Zip Code 33313	Purpose of Disbursement CAMPAIGN MATERIAL STORAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. TOMAS MCINTOSH		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.23521
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement CAMPAIGN DATA ENTRY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2166.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. TOMAS MCINTOSH		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.23540
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN DATA ENTRY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mrs. LALE MORRISON		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 1526 17 TH STREET, NW		Amount of Each Disbursement this Period 888.22 Transaction ID : SB17.23552
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement REIMB. CAMPAIGN F/R EXPENCES	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:	

Full Name (Last, First, Middle Initial) C. Mrs. LALE MORRISON		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1526 17 TH STREET, NW		Amount of Each Disbursement this Period 1495.49 Transaction ID : SB17.23553
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement REIMB. CAMPAIGN F/R EXPENCES	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:	

SUBTOTAL of Disbursements This Page (optional).....	3733.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. LALE MORRISON			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 246.38	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB17.23554	
Purpose of Disbursement REIMB. CAMPAIGN F/R EXPENCES		Category/ Type		
Candidate Name				
Office Sought:	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. Mrs. LALE MORRISON			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 1809.94	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB17.23555	
Purpose of Disbursement REIMB. CAMPAIGN F/R EXPENCES		Category/ Type		
Candidate Name				
Office Sought:	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. Mrs. LALE MORRISON			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 169.55	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB17.23557	
Purpose of Disbursement REIMB. CAMPAIGN F/R EXPENCES		Category/ Type		
Candidate Name				
Office Sought:	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).....	2225.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. LALE MORRISON		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1526 17 TH STREET, NW		Amount of Each Disbursement this Period 1650.84 Transaction ID : SB17.23556
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement REIMB. CAMPAIGN F/R EXPENCES	
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. Mrs. LALE MORRISON		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1526 17 TH STREET, NW		Amount of Each Disbursement this Period 3047.55 Transaction ID : SB17.23467
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement REIMB. CAMPAIGN F/R EXPENCES	
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. MT. HERMON A.M.E.		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 711 N. W. 4 TH STREET		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.23533
City FT. LAUDERDALE State FL Zip Code 33311	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL(FULL PAGE)	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6198.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 841.83 Transaction ID : SB17.23473
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CAMPAIGN DUES	
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. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.23534
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement DUES-FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL WEEKLY NATIONAL WEEKLEY		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1500 W CYPRESS CREEK RD. SUITE 205		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.23531
City FT. LAUDERDALE State FL Zip Code 33309	Purpose of Disbursement CAMPAIGN ADV IN NEWSPAPER.	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	841.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. MERCHANT ACCOUNT NGP VAN CREDIT CARD ACCT

Mailing Address 9000 SOUTHSIDE BLVD

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement C.C PROCESSING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2014

Amount of Each Disbursement this Period: 150.15

Transaction ID : SB17.23444

Full Name (Last, First, Middle Initial)
B. OFFICE DEPOT OFFICE DEPOT

Mailing Address 4801 N. STATE ROAD SEVEN

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement CAMPAIGN COPIES SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2014

Amount of Each Disbursement this Period: 233.73

Transaction ID : SB17.23541

Full Name (Last, First, Middle Initial)
C. AFL-CIO PALM BEACH-TREASURE COAST

Mailing Address 1001 WEST 15 TH STREET

City RIVIERA BEACH State FL Zip Code 33404

Purpose of Disbursement CAMPAIGN ADV IN JOURNAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.23524

SUBTOTAL of Disbursements This Page (optional) 683.88

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. MICHAEL PAYNE		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 5980 NW 15 TH STREET		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.23472
City SUNRISE	State FL	
Zip Code 33313	Purpose of Disbursement CAMPAIGN CONSULTANT-GOTV	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:	

Full Name (Last, First, Middle Initial) B. Ms CIERRA PETTIFORD		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 2781 NW 26TH AVENUE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.23456
City OAKLAND PARK	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN YOUTH CONSULTANT	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:	

Full Name (Last, First, Middle Initial) C. PROFORMA PROFORMA		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address P.O. BOX 640814		Amount of Each Disbursement this Period 3081.05 Transaction ID : SB17.23448
City CINCINNATI	State OH	
Zip Code 45264-0814	Purpose of Disbursement CAMPAIGN SIGNS	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:	

SUBTOTAL of Disbursements This Page (optional).....	4831.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PROFORMA PROFORMA		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address P.O. BOX 640814		Amount of Each Disbursement this Period 3079.15 Transaction ID : SB17.23500
City CINCINNATI	State OH	
Zip Code 45264-0814	Purpose of Disbursement CAMPAIGN SHIRTS POLL WORKERS	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:	

Full Name (Last, First, Middle Initial) B. Mr. JOHN ROBINSON Esq.		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 4325 W. SUNRISE BLVD		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.23520
City PLANTATION	State FL	
Zip Code 33313	Purpose of Disbursement CAMPAIGN PHOTOGRAPHY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SKDJ SKDJ SOLUTION		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.23454
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN MINI BILLBOARD SIGNS	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:	

SUBTOTAL of Disbursements This Page (optional).....	6629.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SKDJ SKDJ SOLUTION		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1483.72 Transaction ID : SB17.23455
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN POST CARDS PRINTING.	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:	

Full Name (Last, First, Middle Initial) B. SKDJ SKDJ SOLUTION		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.23469
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN MINI BILLBOARD PRINTING	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:	

Full Name (Last, First, Middle Initial) C. SKDJ SKDJ SOLUTION		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 918.72 Transaction ID : SB17.23470
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN HANDOUTS/LIT. PRINTING	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:	

SUBTOTAL of Disbursements This Page (optional).....	5152.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SKDJ SKDJ SOLUTION		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 2550.28 Transaction ID : SB17.23498
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement PRINTING CAMPAIGN PALM CARDS	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:	

Full Name (Last, First, Middle Initial) B. SKDJ SKDJ SOLUTION		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 2450.00 Transaction ID : SB17.23563
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN MINI SIGNS	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:	

Full Name (Last, First, Middle Initial) C. THE AUGUST COMPANY THE AUGUST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 401 EAST LAS OLAS BOULEVARD STE.120-428		Amount of Each Disbursement this Period 1275.00 Transaction ID : SB17.23450
City FT. LAUDERDALE	State FL	
Zip Code 33301	Purpose of Disbursement CAMPAIGN F/R CONSULTANT	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:	

SUBTOTAL of Disbursements This Page (optional).....	6275.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE AUGUST COMPANY THE AUGUST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 401 EAST LAS OLAS BOULEVARD STE.120-428		Amount of Each Disbursement this Period 1275.00 Transaction ID : SB17.23497
City FT. LAUDERDALE State FL Zip Code 33301	Purpose of Disbursement CAMPAIGN CONSULTANT F/R.	
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. TORRES COMMUNICATION TORRES COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address P.O. BOX 268321		Amount of Each Disbursement this Period 4147.50 Transaction ID : SB17.23485
City WESTON State FL Zip Code 33326	Purpose of Disbursement CAMPAIGN WORKERS WAGES-EARLY VOTING	
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. TORRES COMMUNICATION TORRES COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address P.O. BOX 268321		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.23486
City WESTON State FL Zip Code 33326	Purpose of Disbursement CANVAS WORKERS WAGES	
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).....	5782.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 66			
	<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)
HASTINGS FOR CONGRESS

A. TORRES COMMUNICATION TORRES COMMUNICATIONS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 268321

City WESTON State FL Zip Code 33326

Purpose of Disbursement
WAGES CAMPAIGN EARLY VOTING WORKERS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 23 / 2014

Amount of Each Disbursement this Period: 6530.07

Transaction ID : SB17.23502

B. TORRES COMMUNICATION TORRES COMMUNICATIONS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 268321

City WESTON State FL Zip Code 33326

Purpose of Disbursement
PHONEBANKING/CANVASSING/ADV WAGES.

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 23 / 2014

Amount of Each Disbursement this Period: 1721.50

Transaction ID : SB17.23503

C. TORRES COMMUNICATION TORRES COMMUNICATIONS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 268321

City WESTON State FL Zip Code 33326

Purpose of Disbursement
WAGES-EARLY VOTING/ELECTION WORKERS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 20000.00

Transaction ID : SB17.23501

SUBTOTAL of Disbursements This Page (optional) 28251.57

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 66	
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TORRES COMMUNICATION TORRES COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address P.O. BOX 268321		Amount of Each Disbursement this Period 9000.00 Transaction ID : SB17.23514
City WESTON State FL Zip Code 33326	Purpose of Disbursement WAGES -ELECTION DAY WORKERS	
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. TORTILLA COAST TORTILLA COAST		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 400 1ST. STREET, SE		Amount of Each Disbursement this Period 370.10 Transaction ID : SB17.23551
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement D.C. F/R CATERING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. POSTAL SERVICE U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1899 W. OAKLAND PARK BLVD.		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.23538
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement STAMPS FOR CAMPAIGN MAIL OUT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9490.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 66			
	<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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNION PRINTING UNION PRINTING			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 2321 PEMBROKE ROAD			Amount of Each Disbursement this Period 90.10 Transaction ID : SB17.23532
City HOLLYWOOD	State FL	Zip Code 33020	
Purpose of Disbursement ENVELOPES FOR F/R MAILING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. URBAN LEAGE URBAN LEAGUE			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 11 NW 36 AVE			Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.23526
City FT. LAUDERDALE	State FL	Zip Code 33311	
Purpose of Disbursement CAMPAIGN ADV IN JOURNAL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Ms MARY WASHINGTON			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 1112 NW 17 TH STREET			Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.23474
City FT. LAUDERDALE	State FL	Zip Code 33311	
Purpose of Disbursement BAND MUSIC FOR ELECTION NIGHT.		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:			

SUBTOTAL of Disbursements This Page (optional).....	700.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 66	
	<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)
HASTINGS FOR CONGRESS

A. WAVS RADIO WAVS 1170 RADIO

Full Name (Last, First, Middle Initial)
Mailing Address 6340 SW 41 ST PLACE

City DAVIE State FL Zip Code 33314

Purpose of Disbursement
CAMPAIGN RADIO ADV.

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 18 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.23489

B. WESTSIDE GAZETTE WESTSIDE GAZETTE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5304

City FT. LAUDERDALE State FL Zip Code 33310

Purpose of Disbursement
CAMPAIGN ADV IN NEWSPAPER.

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 11 / 2014

Amount of Each Disbursement this Period: 2300.00

Transaction ID : SB17.23466

C. WESTSIDE GAZETTE WESTSIDE GAZETTE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5304

City FT. LAUDERDALE State FL Zip Code 33310

Purpose of Disbursement
CAMPAIGN ADV IN NEWSPAPER

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 3777.50

Transaction ID : SB17.23511

SUBTOTAL of Disbursements This Page (optional) 7577.50

TOTAL This Period (last page this line number only) 129354.66

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 61 OF 66
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Mr. JAMES E. BILLIE

Mailing Address 6300 STIRLING ROAD

City HOLLYWOOD State FL Zip Code 33024

Purpose of Disbursement REFUND-CONTRIBUTION

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
09 / 19 / 2014

Amount of Each Disbursement this Period
2700.00

Transaction ID : SB20A.23564

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

2700.00

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 66			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. BCFS BROWARD CITIZENS FOR SENIORS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 68

City State Zip Code
FT LAUDERDALE FL 33302

Purpose of Disbursement
CONTRIBUTION

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
09 / 09 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB21.23518

B. BDHC BROWARD DEM HISPANIC CACUS

Full Name (Last, First, Middle Initial)
Mailing Address 1888 A N. UNIVERSITY DRIVE

City State Zip Code
PLANTATION FL 33322

Purpose of Disbursement
DONATION

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
08 / 23 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB21.23505

C. BROWARD DEM. PARTY BROWARD DEMOCRATIC PARTY

Full Name (Last, First, Middle Initial)
Mailing Address 1888A N. UNIVERSIY DR.

City State Zip Code
PLANTATION FL 33324

Purpose of Disbursement
CONTRIBUTION

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
08 / 26 / 2014

Amount of Each Disbursement this Period
5000.00

Transaction ID : SB21.23517

SUBTOTAL of Disbursements This Page (optional)..... 7000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 66			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms FELICIA BRUNSON		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 4040 SW 27 TH STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.23483
City WEST PARK State FL Zip Code 33023	Purpose of Disbursement CAMPAIGN DONATION-SCHOOL BOARD DIST 1	
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. Ms MARCIA ANDREWS CAMPAIGN FOR MARCIA ANDREWS		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 2019 FONTANA LANE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.23487
City ROYAL PALM BEACH State FL Zip Code 33411	Purpose of Disbursement CAMPAIGN DONATION	
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. CARLTON MOORE CARLTON MOORE CAMPAIGN		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 1509 NW 4 TH STREET		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.23480
City FT. LAUDERDALE State FL Zip Code 33311	Purpose of Disbursement CAMPAIGN DONATION	
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).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 66
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CBC INSTITUTE CBC INSTITUTE		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 413 NEW JERSEY AVENUE S.E.		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB21.23549
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GOLDEN HTS CHURCH GOLDEN HTS. CHURCH OF CHRIST		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address P.O. BOX 5488		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.23495
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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. HILLTOP MISSIONARY HILLTOP MISSIONARY BAPTIST		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 1273 WEST 30TH STREET		Amount of Each Disbursement this Period 200.00 Transaction ID : SB21.23512
City RIVERA BEACH State FL Zip Code 33404	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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).....	1900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 66
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KAPPA KAPPA ALPHA PSI FRATERNITY		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 707 NW 22 ROAD		Amount of Each Disbursement this Period 1570.00 Transaction ID : SB21.23536
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MOUNT BETHEL MOUNT BETHEL HUMAN SERS CORP		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 1214 N E 4TH AVE		Amount of Each Disbursement this Period 350.00 Transaction ID : SB21.23477
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement DONATION- SCHOOL SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" 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. HUMAN RIGHTS COUNCIL PALM BEACH COUNTY-HUMAN RIGHTS		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address P.O. BOX 267		Amount of Each Disbursement this Period 200.00 Transaction ID : SB21.23490
City WEST PALM BEACH	State FL	
Zip Code 33402	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" 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)	2120.00
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WOMEN IN DISTRESS WOMEN IN DISTRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 111 JIM MORAJ BLVD		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.23479
City DEERFIELD BEACH State FL Zip Code 33442	Purpose of Disbursement DONATION	
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.		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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	13020.00