



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Elect April Freeman**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	72049.93	95053.39
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	71949.93	94953.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	47737.44	66090.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47737.44	66090.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33114.74	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2119.06	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Elect April Freeman**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50202.30	65202.30
(ii) Unitemized .....	16847.63	19851.09
(iii) TOTAL of contributions from individuals .....	67049.93	85053.39
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	72049.93	95053.39
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	2119.06
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2119.06
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	22.70	22.70
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	72072.63	97195.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47737.44	66090.95
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 .....	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	60.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	47837.44	66250.95

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8879.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	72072.63
25. SUBTOTAL (add Line 23 and Line 24).....	80952.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47837.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33114.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**PHYLLIS G. ALDEN**

Mailing Address 7006 Rue De Marquis

City Naples State FL Zip Code 34108-8533

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

Name of Employer HOUSEWIFE/ARTIST Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 15 / 2014

**Transaction ID : VN8ZPBXZ7T0**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 509 Vinnedge Ride

City Tallahassee State FL Zip Code 32303-5141

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

Name of Employer Tallahassee Orthopedic Clinic Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : VN8ZPC9MHM5**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 509 Vinnedge Ride

City Tallahassee State FL Zip Code 32303-5141

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

Name of Employer Tallahassee Orthopedic Clinic Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : VN8ZPCE1KR9**

Amount of Each Receipt this Period  
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Susan F Bennett**

Mailing Address 30218 Fairway Dr

City Wesley Chapel State FL Zip Code 33543-4434

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

Name of Employer Stearns Weaver Miller Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : VN8ZPCB98X3**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1400 Ladue Ln  
400 Sarasota Quay

City Sarasota State FL Zip Code 34231-2317

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

Name of Employer Delicatessen Services Co. Occupation Manager

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  
 03 / 07 / 2014

**Transaction ID : VN8ZPCBNHR8**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 5558 Palm Beach Blvd  
Lot 215

City Fort Myers State FL Zip Code 33905-3172

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

Name of Employer Not employed Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2014

**Transaction ID : VN8ZPCBAJY9**

Amount of Each Receipt this Period  
500.00

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

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

2750.00

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Maria J Chiaro**

Mailing Address **PO Box 1497**

City **Naples** State **FL** Zip Code **34106-1497**

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

Name of Employer **City of Miami** Occupation **Assistant City Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 21 / 2014**

**Transaction ID : VN8ZPC9JF06**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **705 S Boulevard**

City **Tampa** State **FL** Zip Code **33606-2902**

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

Name of Employer **DANAHY AND MURRAY** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Special**

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : VN8ZPCH9V47**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **3140 Sundance Cir**

City **Naples** State **FL** Zip Code **34109-8921**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Special**

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : VN8ZPCGCAS0**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy W Devitt**

Mailing Address 23315 Foxberry Ln

City State Zip Code  
Bonita Springs FL 34135-2032

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  
03 / 06 / 2014

**Transaction ID : VN8ZPCBKF5**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 208 San Mateo Dr

City State Zip Code  
Bonita Springs FL 34134-8537

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

Name of Employer Occupation  
Not Employed Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 01 / 2014

**Transaction ID : VN8ZPC3Z2T3**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 4001 Gulf Shore Blvd N  
Apt 804

City State Zip Code  
Naples FL 34103-3494

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

Name of Employer Occupation  
retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 25 / 2014

**Transaction ID : VN8ZPCA2GR4**

Amount of Each Receipt this Period  
500.00

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

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

1400.00

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**April Freeman**

Mailing Address 2124 NE 15th Ter

City State Zip Code  
Cape Coral FL 33909-1761

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

Name of Employer Occupation  
Spiked Heel Film Productions Film & Television Producer

Receipt For: 2014  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date  
253.05

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2014

**Transaction ID : VN8ZPCBYBQ8**

Amount of Each Receipt this Period  
253.05

\* In-Kind: 1st Quarter - Auto Insurance for Donated Campaign Car

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

Mailing Address 2124 NE 15th Ter

City State Zip Code  
Cape Coral FL 33909-1761

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

Name of Employer Occupation  
Debonair Mechanical HVAC Service

Receipt For: 2014  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date  
1095.53

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2014

**Transaction ID : VN8ZPCBYBW8**

Amount of Each Receipt this Period  
1095.53

\* In-Kind: Campaign Phone Service

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

Mailing Address 2124 NE 15th Ter

City State Zip Code  
Cape Coral FL 33909-1761

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

Name of Employer Occupation  
Debonair Mechanical HVAC Service

Receipt For: 2014  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date  
2495.53

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : VN8ZPCFKXH9**

Amount of Each Receipt this Period  
1400.00

\* In-Kind: Office Furniture

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2748.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**John Goldsmith**

Mailing Address 154 Center St

City Naples State FL Zip Code 34108-2914

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : VN8ZPCCM3N8**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 4276 Sanctuary Way

City Bonita Springs State FL Zip Code 34134-8700

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 28 / 2014**

**Transaction ID : VN8ZPC3E2T9**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 4366 W Gulf Dr

City Sanibel State FL Zip Code 33957-5106

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : VN8ZPC8FNT7**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Howard**

Mailing Address 9456 Beverly Ln

City Sanibel State FL Zip Code 33957-4203

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Special General

Election Cycle-to-Date **10400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : VN8ZPCG3AB6**

Amount of Each Receipt this Period  
**5200.00**

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

Mailing Address 9456 Beverly Ln

City Sanibel State FL Zip Code 33957-4203

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Special General

Election Cycle-to-Date **10400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : VN8ZPCJKWT4**

Amount of Each Receipt this Period  
**5200.00**

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

Mailing Address 13400 Wild Cotton Court

City Cape Coral State FL Zip Code 33909

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **2320.41**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2014**

**Transaction ID : VN8ZPCE0DP2**

Amount of Each Receipt this Period  
**2320.41**

\* In-Kind: Cost of Fundraiser

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

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

**12720.41**

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

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

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Kostrach**

Mailing Address 13400 Wild Cotton Ct

City North Fort Myers State FL Zip Code 33903-5279

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : VN8ZPC8FFX7**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 13400 Wild Cotton Ct

City North Fort Myers State FL Zip Code 33903-5279

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 22 / 2014**

**Transaction ID : VN8ZPC9PE87**

Amount of Each Receipt this Period  
**1000.00**

\* In-Kind: Lease Payments & Insurance on Car loaned to Campaign until June

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

Mailing Address 220 S Collier Blvd  
Ph A

City Marco Island State FL Zip Code 34145-4863

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 15 / 2014**

**Transaction ID : VN8ZPCE0CD0**

Amount of Each Receipt this Period  
**250.00**

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

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

**1300.00**

**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 13 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**David Levin**

Mailing Address 33 Chateau Way

City Naples State FL Zip Code 34112-9123

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

Name of Employer Political Precision, LLC Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify) Special Primary

Election Cycle-to-Date  
 \_\_\_\_\_ 4636.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2014

**Transaction ID : VN8ZPCDY251**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4636.63

\* In-Kind: Fuel, oil change, postage, staff dinner, logo design, web design and maintenance.

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

Mailing Address 930 Cape Marco Dr  
Unit 506

City Marco Island State FL Zip Code 34145-6344

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Special Primary

Election Cycle-to-Date  
 \_\_\_\_\_ 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : VN8ZPC67D40**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

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

Mailing Address 930 Cape Marco Dr  
Unit 506

City Marco Island State FL Zip Code 34145-6344

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Special General

Election Cycle-to-Date  
 \_\_\_\_\_ 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : VN8ZPCA3MA0**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

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

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

\_\_\_\_\_ 9836.63

\_\_\_\_\_

**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 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Cathy Lindy**

Mailing Address 930 Cape Marco Dr  
Unit 506

City State Zip Code  
Marco Island FL 34145-6344

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : VN8ZPC9JVE3**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 930 Cape Marco Dr  
Unit 506

City State Zip Code  
Marco Island FL 34145-6344

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : VN8ZPCA3ME1**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Lydia Lowell-Sherman**

Mailing Address 5231 Cedarbend Dr  
Apt 4

City State Zip Code  
Fort Myers FL 33919-4004

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

Name of Employer Occupation  
n/a Retired!

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : VN8ZPC3Y2C4**

Amount of Each Receipt this Period  
350.00

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

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

5550.00

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra Ann McClinton**

Mailing Address 5028 Pelican Blvd

City State Zip Code  
Cape Coral FL 33914-6587

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2014**

**Transaction ID : VN8ZPC3EGH9**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 311 Henderson Ct

City State Zip Code  
Marco Island FL 34145-1814

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) **Special**

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : VN8ZPCG0KQ8**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 2877 Aloma Lake Run

City State Zip Code  
Oviedo FL 32765-7390

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

Name of Employer Occupation  
Self employed Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify) **Special**

Election Cycle-to-Date  
**3746.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 03 / 2014**

**Transaction ID : VN8ZPCBBY31**

Amount of Each Receipt this Period  
**3746.68**

\* In-Kind: Services contribution

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

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

**4096.68**

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Benjamin Polk**

Mailing Address **PO Box 637**

City **Ross** State **CA** Zip Code **94957-0637**

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

Name of Employer **ret** Occupation **ret**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : VN8ZPC3RZH8**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **16233 On Par Blvd**

City **Fort Myers** State **FL** Zip Code **33908-2832**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Special General**

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : VN8ZPCGAM58**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **17501 Village Inlet Ct**

City **Fort Myers** State **FL** Zip Code **33908-7107**

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

Name of Employer **Retired** Occupation **None**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Special**

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 01 / 2014**

**Transaction ID : VN8ZPC792E4**

Amount of Each Receipt this Period  
**100.00**

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

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

**1600.00**

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

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

Mailing Address 17501 Village Inlet Ct

City Fort Myers State FL Zip Code 33908-7107

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

Name of Employer Retired Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify) Special Primary

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : VN8ZPCDXZE6**

Amount of Each Receipt this Period  
 1000.00

1100.00

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

Mailing Address 17501 Village Inlet Ct

City Fort Myers State FL Zip Code 33908-7107

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

Name of Employer Retired Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify) Special General

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VN8ZPCHMPS9**

Amount of Each Receipt this Period  
 100.00

1200.00

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

Mailing Address 10507 Rosemont Ct

City Fort Myers State FL Zip Code 33908-2839

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

Name of Employer retired Occupation economist

Receipt For: 2014  
 Primary  General  
 Other (specify) Special General

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : VN8ZPCG2YR4**

Amount of Each Receipt this Period  
 500.00

500.00

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

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

1600.00

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

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

Mailing Address 5414 Osprey Ct

City Sanibel State FL Zip Code 33957-2318

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : VN8ZPC9RH65**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 9410 Parkwood Ct

City Fort Myers State FL Zip Code 33908-2857

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : VN8ZPC6Q8C9**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 924 Monterey Pt NE

City Saint Petersburg State FL Zip Code 33704-2319

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : VN8ZPC8FG19**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

**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 19 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID I.J. I.J. WANG**

Mailing Address 7575 Pelican Bay Blvd  
Apt 1902

City Naples State FL Zip Code 34108-5542

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VN8ZPCFHP04**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 10100 Cypress Cove Dr

City Fort Myers State FL Zip Code 33908-7638

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 01 / 2014

**Transaction ID : VN8ZPC3Z2Z2**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 1429

City Sanibel State FL Zip Code 33957-1429

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

Name of Employer Retired Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : VN8ZPC79353**

Amount of Each Receipt this Period  
 500.00

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 20 OF 52  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Zelkowitz & Orton**

Mailing Address 7811 Reflecting Pond Ct  
Apt 1611

City Fort Myers State FL Zip Code 33907-6627

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

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2014**

**Transaction ID : VN8ZPC3FST6**

Amount of Each Receipt this Period  
**250.00**

**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).....

**250.00**

**50202.30**

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

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

FOR LINE NUMBER: PAGE 21 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

**A.** Full Name (Last, First, Middle Initial)  
**UA Plumber Pipefitters**

Mailing Address 3 Park Pl

City Annapolis State MD Zip Code 21401-3687

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)    Special

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VN8ZCHPNP0**

Amount of Each Receipt this Period  
 5000.00

**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).....

5000.00

5000.00

**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 22 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Alliance for the Arts</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 10091 McGregor Blvd		Amount of Each Disbursement this Period 979.00 <b>Transaction ID : VN80E9RY9H9</b>
City Fort Myers	State FL	
Zip Code 33919-1002	Purpose of Disbursement Campaign maintenance/Office rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) Special Primary	

Full Name (Last, First, Middle Initial) <b>B. Alliance for the Arts</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 10091 McGregor Blvd		Amount of Each Disbursement this Period 238.50 <b>Transaction ID : VN80E9RY853</b>
City Fort Myers	State FL	
Zip Code 33919-1002	Purpose of Disbursement Campaign maintenance/Office rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) Special Primary	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 208 S Akard St		Amount of Each Disbursement this Period 353.59 <b>Transaction ID : VN80E9RXWZ2</b>
City Dallas	State TX	
Zip Code 75202-4206	Purpose of Disbursement Office item	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) Special Primary	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1571.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Bassine Insurance</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 909 Pondella Rd		Amount of Each Disbursement this Period 287.00
City Fort Myers	State FL	
Zip Code 33903-3518	Purpose of Disbursement Office supplies	Transaction ID : VN80E9RY845
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 7601 Penn Ave S		Amount of Each Disbursement this Period 318.72
City Richfield	State MN	
Zip Code 55423-3645	Purpose of Disbursement Office Supplies	Transaction ID : VN80E9R3YT4
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Best Buy</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 7601 Penn Ave S		Amount of Each Disbursement this Period 74.19
City Richfield	State MN	
Zip Code 55423-3645	Purpose of Disbursement Office supplies	Transaction ID : VN80E9RMHP8
Candidate Name	Category/ Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	679.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2014</b>
Mailing Address 10033 Gulf Center Dr		Amount of Each Disbursement this Period <b>210.94</b>
City Fort Myers	State FL	
Zip Code 33913-8963	Purpose of Disbursement office items	<b>Transaction ID : VN80E9RXWE8</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Crane Direct</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2014</b>
Mailing Address 30 South St		Amount of Each Disbursement this Period <b>345.95</b>
City Dalton	State MA	
Zip Code 01226-1751	Purpose of Disbursement Office supplies	<b>Transaction ID : VN80E9R44X0</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. April Freeman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 08 / 2014</b>
Mailing Address 2124 NE 15th Ter		Amount of Each Disbursement this Period <b>253.05</b>
City Cape Coral	State FL	
Zip Code 33909-1761	Purpose of Disbursement 1st Quarter - Auto Insurance for Donated Campaign Car	<b>Transaction ID : VN8ZPCBYBQ8I</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	<b>* In-Kind Received</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>809.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. David Alan Freeman</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 2124 NE 15th Ter		Amount of Each Disbursement this Period 1095.53 <b>Transaction ID : VN8ZPCBYBW8I</b>
City Cape Coral	State FL	
Zip Code 33909-1761	Purpose of Disbursement Campaign Phone Service	* In-Kind Received
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. David Alan Freeman</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2124 NE 15th Ter		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : VN8ZPCFKXH9I</b>
City Cape Coral	State FL	
Zip Code 33909-1761	Purpose of Disbursement Office Furniture	* In-Kind Received
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hilton Garden Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 12600 University Dr		Amount of Each Disbursement this Period 399.60 <b>Transaction ID : VN80E9R3TY6</b>
City Fort Myers	State FL	
Zip Code 33907-5670	Purpose of Disbursement Travel	* In-Kind Received
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2895.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Hotels.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 5400 Lbj Fwy Ste 500		Amount of Each Disbursement this Period 222.74
City Dallas	State TX	
Zip Code 75240-1019	Purpose of Disbursement Campaign meeting expense	Transaction ID : VN80E9RXWX6
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hotels.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 5400 Lbj Fwy Ste 500		Amount of Each Disbursement this Period 222.74
City Dallas	State TX	
Zip Code 75240-1019	Purpose of Disbursement Campaign meeting expense	Transaction ID : VN80E9RXWY4
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dayvin Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 1216 NE 23rd Ter		Amount of Each Disbursement this Period 1500.00
City Cape Coral	State FL	
Zip Code 33909-3403	Purpose of Disbursement Payroll	Transaction ID : VN80E9RWB78
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1945.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Betty Jean Kostrach</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 13400 Wild Cotton Court		Amount of Each Disbursement this Period 2320.41
City Cape Coral	State FL	
Zip Code 33909	Purpose of Disbursement Cost of Fundraiser	Transaction ID : VN8ZPCE0DP21
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Donald Kostrach</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 13400 Wild Cotton Ct		Amount of Each Disbursement this Period 1000.00
City North Fort Myers	State FL	
Zip Code 33903-5279	Purpose of Disbursement Lease Payments & Insurance on Car loaned to Campaign until June	Transaction ID : VN8ZPC9PE871
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lee County Supervisor of Elections</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 2480 Thompson St P.O. Box 2545		Amount of Each Disbursement this Period 153.00
City Fort Myers	State FL	
Zip Code 33901-3074	Purpose of Disbursement Campaign maintenance/petition fees	Transaction ID : VN80E9RY8S9
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3473.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Lee County Supervisor of Elections</b>		Date of Disbursement MM / DD / YYYY <b>02 / 19 / 2014</b>
Mailing Address 2480 Thompson St P.O. Box 2545		Amount of Each Disbursement this Period \$ 45.10 <b>Transaction ID : VN80E9RY8T7</b>
City Fort Myers State FL Zip Code 33901-3074	Purpose of Disbursement Campaign maintenance	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lee County Supervisor of Elections</b>		Date of Disbursement MM / DD / YYYY <b>02 / 19 / 2014</b>
Mailing Address 2480 Thompson St P.O. Box 2545		Amount of Each Disbursement this Period \$ 15.10 <b>Transaction ID : VN80E9RY962</b>
City Fort Myers State FL Zip Code 33901-3074	Purpose of Disbursement Campaign maintenance	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lee County Supervisor of Elections</b>		Date of Disbursement MM / DD / YYYY <b>03 / 14 / 2014</b>
Mailing Address 2480 Thompson St P.O. Box 2545		Amount of Each Disbursement this Period \$ 10.48 <b>Transaction ID : VN80E9RY9S2</b>
City Fort Myers State FL Zip Code 33901-3074	Purpose of Disbursement Campaign maintenance/petition 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 70.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. David Levin</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014		
Mailing Address 33 Chateau Way			Amount of Each Disbursement this Period 500.00		
City Naples	State FL	Zip Code 34112-9123	Transaction ID : VN80E9RM909		
Purpose of Disbursement Salary		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. David Levin</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014		
Mailing Address 33 Chateau Way			Amount of Each Disbursement this Period 500.00		
City Naples	State FL	Zip Code 34112-9123	Transaction ID : VN80E9RM916		
Purpose of Disbursement Salary		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. David Levin</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014		
Mailing Address 33 Chateau Way			Amount of Each Disbursement this Period 500.00		
City Naples	State FL	Zip Code 34112-9123	Transaction ID : VN80E9RM924		
Purpose of Disbursement Salary		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. David Levin</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 33 Chateau Way		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VN80E9RM8Z1</b>
City Naples	State FL	
Zip Code 34112-9123	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	State: District:	

Full Name (Last, First, Middle Initial) <b>B. David Levin</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 33 Chateau Way		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : VN80E9RM940</b>
City Naples	State FL	
Zip Code 34112-9123	Purpose of Disbursement Fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	State: District:	

Full Name (Last, First, Middle Initial) <b>c. David Levin</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 33 Chateau Way		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : VN80E9RM932</b>
City Naples	State FL	
Zip Code 34112-9123	Purpose of Disbursement Fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. David Levin</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014		
Mailing Address 33 Chateau Way			Amount of Each Disbursement this Period 2500.00		
City Naples	State FL	Zip Code 34112-9123	Transaction ID : VN80E9RM958		
Purpose of Disbursement Salary		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. David Levin</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014		
Mailing Address 33 Chateau Way			Amount of Each Disbursement this Period 4636.63		
City Naples	State FL	Zip Code 34112-9123	Transaction ID : VN8ZPCDY2511		
Purpose of Disbursement Fuel, oil change, postage, staff dinner, logo design, web design and maintenance		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary		* In-Kind Received		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. NGP VAN</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014		
Mailing Address 1101 15th St NW Ste 500			Amount of Each Disbursement this Period 2700.00		
City Washington	State DC	Zip Code 20005-5006	Transaction ID : VN80E9R42X4		
Purpose of Disbursement Campaign maintenance		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9836.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Nocera Photographic</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2014</b>
Mailing Address <b>419 Santa Barbara Blvd</b>		Amount of Each Disbursement this Period <b>325.00</b> Transaction ID : <b>VN80E9RYB00</b>
City <b>Cape Coral</b> State <b>FL</b> Zip Code <b>33991-2068</b>	Purpose of Disbursement <b>Campaign maintenance</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Primary</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2014</b>
Mailing Address <b>531 SW Pine Island Rd</b>		Amount of Each Disbursement this Period <b>348.68</b> Transaction ID : <b>VN80E9RXVG3</b>
City <b>Cape Coral</b> State <b>FL</b> Zip Code <b>33991-1962</b>	Purpose of Disbursement <b>Office supplies</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Primary</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 19 / 2014</b>
Mailing Address <b>531 SW Pine Island Rd</b>		Amount of Each Disbursement this Period <b>47.69</b> Transaction ID : <b>VN80E9R40X1</b>
City <b>Cape Coral</b> State <b>FL</b> Zip Code <b>33991-1962</b>	Purpose of Disbursement <b>Office supplies</b>	
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Primary</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>721.37</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Pay Pal Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 7700 W Parmer Ln		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VN80E9R43D1</b>
City Austin	State TX Zip Code 78729-8101	
Purpose of Disbursement Campaign maintenance	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amanda Piter</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 2877 Aloma Lake Run		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : VN80E9RY439</b>
City Oviedo	State FL Zip Code 32765-7390	
Purpose of Disbursement campaign expense	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amanda Piter</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 2877 Aloma Lake Run		Amount of Each Disbursement this Period 2129.00 <b>Transaction ID : VN80E9RY455</b>
City Oviedo	State FL Zip Code 32765-7390	
Purpose of Disbursement Payroll	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2439.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Amanda Piter</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2014</b>
Mailing Address <b>2877 Aloma Lake Run</b>		Amount of Each Disbursement this Period <b>60.00</b> <b>Transaction ID : VN80E9RY471</b>
City <b>Oviedo</b> State <b>FL</b> Zip Code <b>32765-7390</b>	Purpose of Disbursement <b>Payroll</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Primary</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amanda Piter</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 19 / 2014</b>
Mailing Address <b>2877 Aloma Lake Run</b>		Amount of Each Disbursement this Period <b>5000.00</b> <b>Transaction ID : VN80E9RY8Y9</b>
City <b>Oviedo</b> State <b>FL</b> Zip Code <b>32765-7390</b>	Purpose of Disbursement <b>salary</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Primary</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amanda Piter</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 03 / 2014</b>
Mailing Address <b>2877 Aloma Lake Run</b>		Amount of Each Disbursement this Period <b>3746.68</b> <b>Transaction ID : VN8ZPCBBY311</b>
City <b>Oviedo</b> State <b>FL</b> Zip Code <b>32765-7390</b>	Purpose of Disbursement <b>Services contribution</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special</b>	
State: District:		<b>* In-Kind Received</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8806.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Amanda Piter</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2014</b>
Mailing Address <b>2877 Aloma Lake Run</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>Oviedo</b> State <b>FL</b> Zip Code <b>32765-7390</b>	Purpose of Disbursement <b>Payroll</b>	<b>Transaction ID : VN80E9RY9V8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Primary</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2014</b>
Mailing Address <b>83 Geneva Dr</b>		Amount of Each Disbursement this Period <b>490.00</b>
City <b>Oviedo</b> State <b>FL</b> Zip Code <b>32765-6777</b>	Purpose of Disbursement <b>Postage</b>	<b>Transaction ID : VN80E9R3TS6</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Primary</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 06 / 2014</b>
Mailing Address <b>83 Geneva Dr</b>		Amount of Each Disbursement this Period <b>147.00</b>
City <b>Oviedo</b> State <b>FL</b> Zip Code <b>32765-6777</b>	Purpose of Disbursement <b>Postage</b>	<b>Transaction ID : VN80E9R3TV2</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Primary</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1637.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Post Office</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 83 Geneva Dr		Amount of Each Disbursement this Period 147.00 <b>Transaction ID : VN80E9R3TT4</b>
City Oviedo	State FL	
Zip Code 32765-6777	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special Primary		

Full Name (Last, First, Middle Initial) <b>B. Printmeisters</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 10732 William Tell Dr		Amount of Each Disbursement this Period 473.93 <b>Transaction ID : VN80E9PTQH4</b>
City Orlando	State FL	
Zip Code 32821-8764	Purpose of Disbursement Campaign & Manager - Business Cards - Remit Envelopes	Category/ Type 004
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	State: District:
<input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Printmeisters</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 10732 William Tell Dr		Amount of Each Disbursement this Period 1099.95 <b>Transaction ID : VN80E9RY970</b>
City Orlando	State FL	
Zip Code 32821-8764	Purpose of Disbursement Campaign supplies	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 type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special Primary		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1720.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 03 / 2014</b>
Mailing Address 1750 Meadow Road #300		Amount of Each Disbursement this Period <b>64.24</b>
City McLean	State VA	
Zip Code 22102	Purpose of Disbursement Campaign maintenance	<b>Transaction ID : VN80E9RYB75</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 03 / 2014</b>
Mailing Address 1750 Meadow Road #300		Amount of Each Disbursement this Period <b>675.12</b>
City McLean	State VA	
Zip Code 22102	Purpose of Disbursement Campaign maintenance	<b>Transaction ID : VN80E9RYAR7</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2014</b>
Mailing Address 1750 Meadow Road #300		Amount of Each Disbursement this Period <b>574.52</b>
City McLean	State VA	
Zip Code 22102	Purpose of Disbursement Campaign maintenance	<b>Transaction ID : VN80E9RYBE9</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1313.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1800 NE Pine Island Rd		Amount of Each Disbursement this Period 73.38
City Cape Coral	State FL	
Zip Code 33909-1733	Purpose of Disbursement Printer ink	Transaction ID : VN80E9Q02X0
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>B. Alex Townsend</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 222 SW 16th Ter		Amount of Each Disbursement this Period 350.00
City Cape Coral	State FL	
Zip Code 33991-3492	Purpose of Disbursement Payroll	Transaction ID : VN80E9RY4D8
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. USPS - Pagefield</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 2655 N Airport ro		Amount of Each Disbursement this Period 97.60
City Fort Myers	State FL	
Zip Code 33907	Purpose of Disbursement office items	Transaction ID : VN80E9RW0W0
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	520.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. USPS - Pagefield</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 2655 N Airport ro		Amount of Each Disbursement this Period 147.00 <b>Transaction ID : VN80E9R42J0</b>
City Fort Myers	State FL	
Zip Code 33907	Purpose of Disbursement Mailings and office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special Primary		

Full Name (Last, First, Middle Initial) <b>B. USPS - Pagefield</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 2655 N Airport ro		Amount of Each Disbursement this Period 19.99 <b>Transaction ID : VN80E9R40V5</b>
City Fort Myers	State FL	
Zip Code 33907	Purpose of Disbursement Campaign mailings	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special Primary		

Full Name (Last, First, Middle Initial) <b>c. USPS - Pagefield</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 2655 N Airport ro		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : VN80E9RXVY1</b>
City Fort Myers	State FL	
Zip Code 33907	Purpose of Disbursement Office supplies	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 type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special Primary		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	215.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. USPS - Pagefield</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2014</b>
Mailing Address 2655 N Airport ro		Amount of Each Disbursement this Period <b>49.00</b> Transaction ID : VN80E9RXVZ9
City Fort Myers	State FL	
Zip Code 33907	Purpose of Disbursement Office supplies	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 type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special Primary	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS - Pagefield</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2014</b>
Mailing Address 2655 N Airport ro		Amount of Each Disbursement this Period <b>49.00</b> Transaction ID : VN80E9RXW07
City Fort Myers	State FL	
Zip Code 33907	Purpose of Disbursement Office supplies	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 type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special Primary	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 03 / 2014</b>
Mailing Address 4770 Colonial Blvd		Amount of Each Disbursement this Period <b>174.67</b> Transaction ID : VN80E9RXW15
City Fort Myers	State FL	
Zip Code 33966-1034	Purpose of Disbursement Office supplies	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 type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special Primary	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>272.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 4770 Colonial Blvd		Amount of Each Disbursement this Period 87.95
City Fort Myers	State FL	
Zip Code 33966-1034	Purpose of Disbursement Office supplies	Transaction ID : VN80E9RXW23
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 4770 Colonial Blvd		Amount of Each Disbursement this Period 36.08
City Fort Myers	State FL	
Zip Code 33966-1034	Purpose of Disbursement Office supplies	Transaction ID : VN80E9RXW31
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 4770 Colonial Blvd		Amount of Each Disbursement this Period 23.13
City Fort Myers	State FL	
Zip Code 33966-1034	Purpose of Disbursement Office supplies	Transaction ID : VN80E9RMHM2
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	147.16
<b>TOTAL</b> This Period (last page this line number only).....	43697.88

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGF84L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
31.96	0.00	31.96

### TERMS

Date Incurred: M 02 / D 15 / Y 2013  
 Date Due: M / D / Y none  
 Interest Rate: none % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	31.96
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Elect April Freeman**

Transaction ID : VN8ZPBVG44L

LOAN SOURCE Full Name (Last, First, Middle Initial)

**April Freeman**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
68.90 0.00 68.90

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 29 / Y 2013 M M / D D / Y none none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 68.90

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGG37L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
21.45 0.00 21.45

TERMS

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 29 / Y 2013 M M / D D / Y none none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 21.45

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGG86L

LOAN SOURCE Full Name (Last, First, Middle Initial)  
April Freeman

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
16.45 0.00 16.45

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 29 / Y 2013 M M / D D / Y none none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 16.45

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGGF2L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
32.86 0.00 32.86

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 29 / Y 2013 M M / D D / Y none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 32.86

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGH79L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
62.52 0.00 62.52

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 29 / Y 2013 M M / D D / Y none none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 62.52

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBK9KA5L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1250.00 0.00 1250.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 10 / Y 2013 M M / D D / Y No Terms none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 1250.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGHK4L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan 120.42	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 120.42
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**TERMS**

Date Incurred: M 03 / D 29 / Y 2013  
Date Due: M / D / Y none  
Interest Rate: none % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 120.42  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGHR4L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
58.05	0.00	58.05

**TERMS**

Date Incurred: M 03 / D 30 / Y 2013  
 Date Due: M M / D D / Y none  
 Interest Rate: none % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	58.05
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGXN5L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
352.26 0.00 352.26

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 26 / Y 2013 M M / D D / Y none none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 352.26

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Elect April Freeman

Transaction ID : VN8ZPBVGY36L

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2124 NE 15th Ter

City State ZIP Code  
Cape Coral FL 33909-1761

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
104.19 0.00 104.19

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 104.19  
**TOTALS** This Period (last page in this line only)..... ▶ 2119.06

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.