

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

SPECHT FOR CONGRESS

ADDRESS (number and street) 9557 DAISEY LANE

Check if different than previously reported. (ACC)

PENSACOLA

FL

32507

2. **FEC IDENTIFICATION NUMBER** ▼

C C00614271

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 08 / 30 / 2016 in the State of FL

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

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

Election on / / in the State of

5. Covering Period

07 / 01 / 2016 through 08 / 10 / 2016

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

Type or Print Name of Treasurer HUDSON TAYLOR SAULS

Signature of Treasurer HUDSON TAYLOR SAULS

[Electronically Filed]

Date

08 / 17 / 2016

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	5574.60	12282.60
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5574.60	12282.60
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	6928.21	12992.86
(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)).....	6928.21	12992.86
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	7155.87	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	7966.13	

**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

**SPECHT FOR CONGRESS**

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).....	3202.00	7632.00
(ii) Unitemized.....	2300.00	4078.00
(iii) TOTAL of contributions from individuals ▶	5502.00	11710.00
(b) Political Party Committees.....	72.60	572.60
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5574.60	12282.60
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	99.05	7966.13
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	99.05	7966.13
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	5673.65	20248.73

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6928.21	12992.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	100.00	100.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7028.21	13092.86

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8510.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5673.65
25. SUBTOTAL (add Line 23 and Line 24).....	14184.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7028.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7155.87

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN BURNS**

Mailing Address 1903 E LEONARD ST

City PENSACOLA State FL Zip Code 32503

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FUNDRAISER CONTRIBUTIONS < \$50**

Mailing Address VARIOUS

City PENSACOLA State FL Zip Code 32504

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

Name of Employer N/A Occupation N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2032.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
1402.00

Memo Item  
 FUNDRAISER CONTRIBUTIONS < \$50 -- JULY 1 - AUG 10

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

Mailing Address 837 OVERBROOK DR

City FORT WALTON BEACH State FL Zip Code 32547

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

Name of Employer INDYNE Occupation MARKETING

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2016

**Transaction ID : SA11AI.4233**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

2152.00

**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 15
	<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)  
**SPECHT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN HOFFMAN**

Mailing Address 1610 W CHASE ST

City PENSACOLA State FL Zip Code 32506

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : SA11AI.4228**

Amount of Each Receipt this Period  
300.00

Memo Item  
In-kind - OFFICE SPACE

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

Mailing Address 15 COUNTRY CLUB RD

City SHALIMAR State FL Zip Code 32579

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2016

**Transaction ID : SA11AI.4231**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 12 CORBIN CT

City NICEVILLE State FL Zip Code 32578

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

Name of Employer QUALS CORPORATION Occupation SOFTWARE ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2016

**Transaction ID : SA11AI.4224**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1050.00

3202.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
**ACT BLUE**

Mailing Address **366 SUMMER STREET**

City **SOMERVILLE** State **MA** Zip Code **02144**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **72.60**

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

**Transaction ID : SA11B.4287**

Amount of Each Receipt this Period  
**72.60**

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

**72.60**

**72.60**

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

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

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN K SPECHT**

Mailing Address 9557 DAISEY LANE

City PENSACOLA State FL Zip Code 32507

FEC ID number of contributing federal political committee. **C** H6FL01176

Name of Employer N/A - CANDIDATE Occupation CANDIDATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7966.13

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2016

**Transaction ID : SA13A.4286**

Amount of Each Receipt this Period  
99.05

Memo Item  
RENT

**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

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

99.05

99.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15			
	<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)  
**SPECHT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FLORIDA DEMOCRATIC PARY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016
Mailing Address 214 S BRONOUGH ST		Amount of Each Disbursement this Period 3500.00
City TALLAHASSEE State FL Zip Code 32301	Purpose of Disbursement POLITICAL DATA	
Candidate Name <b>SPECHT FOR CONGRESS</b>		Memo Item <input type="checkbox"/> <b>Transaction ID : SB17.4276</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 01	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. JOHN HOFFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1610 W CHASE ST		Amount of Each Disbursement this Period 300.00
City PENSACOLA State FL Zip Code 32506	Purpose of Disbursement In-kind - OFFICE SPACE	
Candidate Name		Memo Item <input type="checkbox"/> <b>Transaction ID : SB17.4230</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW ISBELL</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2016
Mailing Address 1415 Conservancy Dr E		Amount of Each Disbursement this Period 565.00
City TALLAHASSEE State FL Zip Code 32312	Purpose of Disbursement POLITICAL DATA	
Candidate Name		Memo Item <input type="checkbox"/> <b>Transaction ID : SB17.4284</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4365.00
<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 10 OF 15	
	<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)  
**SPECHT FOR CONGRESS**

<b>A. MISCELLANEOUS OPERATING EXPENSES &lt; \$200 (office supplies, meals, advertising services, etc.)</b> Full Name (Last, First, Middle Initial) Mailing Address VARIOUS City PENSACOLA State FL Zip Code 32504 Purpose of Disbursement MISCELLANEOUS OPERATING EXPENSES -- JULY 1 - AUG 10 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016 Amount of Each Disbursement this Period 580.01 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4283</b>
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<b>B. HUDSON TAYLOR SAULS</b> Full Name (Last, First, Middle Initial) Mailing Address 2825 PAR LANE City TALLAHASSEE State FL Zip Code 32301 Purpose of Disbursement FEC REPORTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016 Amount of Each Disbursement this Period 695.70 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4280</b>
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<b>C. STEVEN K SPECHT</b> Full Name (Last, First, Middle Initial) Mailing Address 9557 DAISEY LANE City PENSACOLA State FL Zip Code 32507 Purpose of Disbursement RENT Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: FL District: 01		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016 Amount of Each Disbursement this Period 99.05 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.4285</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1275.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15			
	<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)  
**SPECHT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VALPAK</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016
Mailing Address 805 EXECUTIVE CENTER DRIVE WEST		Amount of Each Disbursement this Period 1287.50
City ST. PETERSBURG	State FL	
Zip Code 33702		
Purpose of Disbursement SIGNS AND LITERATURE	Category/Type	
Candidate Name <b>SPECHT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 01		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1287.50
<b>TOTAL</b> This Period (last page this line number only).....	6928.21

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 15	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. HILLARY FOR AMERICA</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address PO BOX 5256		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Memo Item
City NEW YORK	State NY	
Purpose of Disbursement CAMPAIGN CONTRIBUTIONS		Transaction ID : <b>SB18.4281</b>
Candidate Name <b>SPECHT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 01	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement		Transaction ID : <b>SB18.4281</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement		Transaction ID : <b>SB18.4281</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	100.00

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

NAME OF COMMITTEE (In Full) **SPECHT FOR CONGRESS** Transaction ID : **SC/10.4210**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**STEVEN K SPECHT** Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
9557 DAISEY LANE

City State ZIP Code  
PENSACOLA FL 32507

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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**TERMS**

Date Incurred M 05 / D 31 / Y 2016	Date Due M / D / Y N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	[ ] 1500.00
<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**

NAME OF COMMITTEE (In Full) **SPECHT FOR CONGRESS** Transaction ID : **SC/10.4211**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**STEVEN K SPECHT** Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
9557 DAISEY LANE

City State ZIP Code  
PENSACOLA FL 32507

Original Amount of Loan 6367.08	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6367.08
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**TERMS**

Date Incurred M 06 / D 30 / Y 2016	Date Due M / D / Y N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	6367.08
<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**

NAME OF COMMITTEE (In Full) **SPECHT FOR CONGRESS** Transaction ID : **SC/10.4286**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**STEVEN K SPECHT**

Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 9557 DAISEY LANE

City State ZIP Code  
 PENSACOLA FL 32507

Original Amount of Loan 99.05	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 99.05
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**TERMS**

Date Incurred: M 08 / D 01 / Y 2016  
 Date Due: M M / D D / Y NA  
 Interest Rate: 0.00 % (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).....	99.05
<b>TOTALS</b> This Period (last page in this line only).....	7966.13

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