

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

Alex Sink for Congress

ADDRESS (number and street)

PO Box 219

Check if different than previously reported. (ACC)

Thonotosassa

FL

33592

2. FEC IDENTIFICATION NUMBER ▼

C C00551226

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

13

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 MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 07 / 01 / 2014

through

MM / DD / YYYY 09 / 30 / 2014

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 Jennifer May

Signature of Treasurer Jennifer May

[Electronically Filed]

Date

MM / DD / YYYY 10 / 14 / 2014

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

Write or Type Committee Name
Alex Sink for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	3157704.63
(b) Total Contribution Refunds (from Line 20(d))	177.50	64491.66
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-177.50	3093212.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	-3068.50	3121504.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	260.53	10443.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-3329.03	3111061.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	52948.20	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Alex Sink for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	440.00
(ii) Unitemized.....	0.00	4660.16
(iii) TOTAL of contributions from individuals ▶	0.00	2538204.63
(b) Political Party Committees.....	0.00	15000.00
(c) Other Political Committees (such as PACs).....	0.00	596800.00
(d) The Candidate.....	0.00	7700.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	3157704.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	80046.57
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	260.53	10443.53
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	260.53	3248194.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	-3068.50	3121504.87
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	177.50	47473.66
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17018.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	177.50	64491.66
21. OTHER DISBURSEMENTS	2500.00	9250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	-391.00	3195246.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	52296.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	260.53
25. SUBTOTAL (add Line 23 and Line 24).....	52557.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	-391.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	52948.20

**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 5 OF 9
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Auto-Owners Insurance		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address PO Box 30315		Amount of Each Disbursement this Period 27.29 Transaction ID : D542937
City Lansing	State MI	
Zip Code 48909-7815	Purpose of Disbursement Liability Insurance	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 General	State: District:	

Full Name (Last, First, Middle Initial) B. Auto-Owners Insurance		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PO Box 30315		Amount of Each Disbursement this Period 27.29 Transaction ID : D542938
City Lansing	State MI	
Zip Code 48909-7815	Purpose of Disbursement Liability Insurance	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 General	State: District:	

Full Name (Last, First, Middle Initial) c. Auto-Owners Insurance		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 30315		Amount of Each Disbursement this Period 27.29 Transaction ID : D542939
City Lansing	State MI	
Zip Code 48909-7815	Purpose of Disbursement Liability Insurance	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 General	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	81.87
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 406 7th St NW		Amount of Each Disbursement this Period 550.00 Transaction ID : D542934
City Washington State DC Zip Code 20004-2260	Purpose of Disbursement Technology Licensing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	

Full Name (Last, First, Middle Initial) B. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 406 7th St NW		Amount of Each Disbursement this Period 550.00 Transaction ID : D542936
City Washington State DC Zip Code 20004-2260	Purpose of Disbursement Technology Licensing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	

Full Name (Last, First, Middle Initial) c. Jim R. Cassady		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 4548 Grove Park Dr		Amount of Each Disbursement this Period 2500.00 Transaction ID : D542945
City Tallahassee State FL Zip Code 32311-3737	Purpose of Disbursement Consultant - Strategy Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	

SUBTOTAL of Disbursements This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Image Plus Graphics, Inc.		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 1440 NE 131st St		Amount of Each Disbursement this Period -711.55 Transaction ID : D549965
City North Miami	State FL Zip Code 33161-4424	
Purpose of Disbursement Voided Check from 02/12/2014		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 General	
State: District:		

Full Name (Last, First, Middle Initial) B. Next Level Partners, LLC		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 500.00 Transaction ID : D542942
City Washington	State DC Zip Code 20003-1819	
Purpose of Disbursement Consultant - Compliance		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 General	
State: District:		

Full Name (Last, First, Middle Initial) c. Perkins Coie LLP		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 1201 Third Ave Suite 4900		Amount of Each Disbursement this Period 933.14 Transaction ID : D542940
City Seattle	State WA Zip Code 98101	
Purpose of Disbursement Legal Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	721.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Perkins Coie LLP		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 1201 Third Ave Suite 4900		Amount of Each Disbursement this Period 189.50 Transaction ID : D542941
City Seattle	State WA Zip Code 98101	
Purpose of Disbursement Legal Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Tampa Bay Times		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1130 Cleveland St		Amount of Each Disbursement this Period -7680.00 Transaction ID : D543799
City Clearwater	State FL Zip Code 33755-4834	
Purpose of Disbursement Voided Check from 3/7/2014	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	-7490.50
TOTAL This Period (last page this line number only).....	-3087.04

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

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NAME OF COMMITTEE (In Full)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Florida Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 214 S Bronough St		Amount of Each Disbursement this Period 2500.00 Transaction ID : D542946
City Tallahassee	State FL Zip Code 32301-1705	
Purpose of Disbursement Contribution	<input type="checkbox"/> 011 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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00