

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
JAY BONNER FOR CONGRESS

ADDRESS (number and street) P. O. BOX 31224
 Check if different than previously reported. (ACC) PALM BEACH GARDENS FL 33420

2. **FEC IDENTIFICATION NUMBER** C C00550848 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT
FL 20

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
08 / 07 / 2014 through 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 Mr. DYNSDALE L ANDERSON

Signature of Treasurer Mr. DYNSDALE L ANDERSON *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 15 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JAY BONNER 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))....	7242.03	25683.61
(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)).....	7242.03	25683.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3815.87	22109.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	10.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3815.87	22099.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4334.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JAY BONNER 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).....	5929.20	21229.20
(ii) Unitemized.....	605.00	2070.00
(iii) TOTAL of contributions from individuals ▶	6534.20	23299.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	707.83	2384.41
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7242.03	25683.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	10.00
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)..... ▶	7242.03	25693.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3815.87	22109.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3815.87	22109.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	908.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7242.03
25. SUBTOTAL (add Line 23 and Line 24).....	8150.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3815.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4334.19

**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 10
	<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)
JAY BONNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jr. E LLWYD ECCLESTONE

Mailing Address P.O.BOX 3267

City WEST PALM BEACH State FL Zip Code 33420

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
1000.00

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

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
Mr. RAYMOND R ROTH

Mailing Address 15385 Enstrom Rd

City Wellington State FL Zip Code 33414

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

Name of Employer ROTHS FARMS Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
 2000.00
 Donation

C. Full Name (Last, First, Middle Initial)
Mr. RAYMOND R ROTH

Mailing Address 15385 Enstrom Rd

City Wellington State FL Zip Code 33414

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

Name of Employer ROTHS FARMS Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2329.20

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

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period
 329.20
 contribution

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

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

3329.20

**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 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JAY BONNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. RAYMOND R ROTH

Mailing Address 15385 Enstrom Rd

City Wellington State FL Zip Code 33414

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

Name of Employer ROTH'S FARMS Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4429.20**

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

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period
2100.00
 donation

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

Mailing Address 61 CAYMAN PLACE

City PALM BEACH GARDENS State FL Zip Code 33418

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 **500.00**

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

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
500.00
 DONATION

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).....

2600.00

5929.20

**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 10
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JAY BONNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. JAY ALAN BONNER

Mailing Address **P. O. BOX 31224**

City **PALM BEACH GARDENS** State **FL** Zip Code **33420**

FEC ID number of contributing federal political committee. **C H4FL20064**

Name of Employer **SELF-EMPLOYED** Occupation **SURVEYOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2384.41

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11D.4278

Amount of Each Receipt this Period

707.83

 milage of expense

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

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

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

707.83
707.83

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 10			
	<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)
JAY BONNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. JAY ALAN BONNER		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address P. O. BOX 31224		Amount of Each Disbursement this Period 707.83 Transaction ID : SB17.4282
City PALM BEACH GARDENS	State FL	
Purpose of Disbursement milage expense	Category/ Type 002	
Candidate Name JAY BONNER FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) B. CAPITAL ONE BANK		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address P.O.BOX 71083		Amount of Each Disbursement this Period 43.00 Transaction ID : SB17.4284
City CHARLOTTE	State NC	
Purpose of Disbursement Business Cards	Category/ Type 004	
Candidate Name JAY BONNER FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) C. CAPITAL ONE BANK		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address P.O.BOX 71083		Amount of Each Disbursement this Period 312.10 Transaction ID : SB17.4287
City CHARLOTTE	State NC	
Purpose of Disbursement POSTCARDS	Category/ Type 004	
Candidate Name JAY BONNER FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

SUBTOTAL of Disbursements This Page (optional).....	1062.93
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 9 OF 10
	<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)
JAY BONNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address ATLANTA		Amount of Each Disbursement this Period 329.20 Transaction ID : SB17.4283
City ATLANTA State GA Zip Code 00000	Purpose of Disbursement Air Line ticket for E.Guillory 002 Category/Type	
Candidate Name JAY BONNER FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) B. KEYTECH CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 11911 US HWY 1		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4299
City PALM BEACH GARDENS State FL Zip Code 33408	Purpose of Disbursement IT WORK 007 Category/Type	
Candidate Name JAY BONNER FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) C. MARK GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 4230 OAK CIRCLE		Amount of Each Disbursement this Period 298.38 Transaction ID : SB17.4288
City BOCA RATON State FL Zip Code 33431	Purpose of Disbursement BARN SIGNS 004 Category/Type	
Candidate Name JAY BONNER FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

SUBTOTAL of Disbursements This Page (optional).....	1377.58
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 10 OF 10			
	<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)
JAY BONNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARK GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 4230 OAK CIRCLE		Amount of Each Disbursement this Period 1085.00 Transaction ID : SB17.4289
City BOCA RATON State FL Zip Code 33431	Purpose of Disbursement YARD SIGNS Category/Type 004	
Candidate Name JAY BONNER FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1085.00
TOTAL This Period (last page this line number only).....	3525.51