

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
TED YOHO FOR CONGRESS

ADDRESS (number and street) 5745 SW 75TH STREET, #283
 Check if different than previously reported. (ACC) GAINESVILLE FL 32608

2. **FEC IDENTIFICATION NUMBER** C C00494583 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 03

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
04 / 01 / 2014 through 06 / 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 LAURA JACKSON
Signature of Treasurer LAURA JACKSON *[Electronically Filed]* Date M M / D D / Y Y Y Y
09 / 29 / 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
TED YOHO 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))....	163875.85	636906.02
(b) Total Contribution Refunds (from Line 20(d))	2450.00	2850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	161425.85	634056.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	74751.22	293004.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	1.30	1647.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	74749.92	291356.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	455805.49	
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

TED YOHO 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).....	114022.85	374616.09
(ii) Unitemized.....	15603.00	62662.39
(iii) TOTAL of contributions from individuals ▶	129625.85	437278.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	34250.00	199627.54
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	163875.85	636906.02
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	10693.34	26736.10
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.)	1.30	1647.75
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)..... ▶	174570.49	665289.87

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	74751.22	293004.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	37303.21
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	37303.21
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2200.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2450.00	2850.00
21. OTHER DISBURSEMENTS	2015.00	26560.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	79216.22	359717.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	360451.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	174570.49
25. SUBTOTAL (add Line 23 and Line 24).....	535021.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79216.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	455805.49

: 97 `A-G79 @G B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

The excessive contributions listed on the RFAI dated September 8 were shown as excessive due to duplicate records that were created for the donors in question. Those records have been merged and the contributions have been properly designated and will be reflected as such on upcoming October Quarterly report. Any further excessive portions of their contributions have been refunded and will also be reflected on our upcoming October Quarterly Report. The missing partner memo for the contribution from Suwanee Lumber Co, LLC has been added and the updated information is now listed on this amended report.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAMES P. ALBRITTON

Mailing Address 180 TURKEY CREEK

City ALACHUA State FL Zip Code 32615

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.12236

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
MRS. EDYTHE P. ALBRITTON

Mailing Address 180 TURKEY CREEK

City ALACHUA State FL Zip Code 32615

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.12235

Amount of Each Receipt this Period
125.00

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

Mailing Address 7220 FINANCIAL WAY
STE. 400

City JACKSONVILLE State FL Zip Code 32256

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

Name of Employer ALLEN LAND GROUP Occupation REAL ESTATE INVESTOR

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
04 / 14 / 2014

Transaction ID : SA11AI.11931

Amount of Each Receipt this Period
500.00

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 7 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARRY ALLRED

Mailing Address 2592 ADMIRALS WALK DRIVE SOUTH

City ORANGE PARK State FL Zip Code 32073

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

Name of Employer ELKINS CONSTRUCTORS, INC Occupation CONSTRUCTION EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12394

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS. JANICE H. ANDREWS

Mailing Address 11328 NW 136TH ST

City ALACHUA State FL Zip Code 32615

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.11986

Amount of Each Receipt this Period
250.00

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

Mailing Address 2804 NW 48TH TERR

City GAINESVILLE State FL Zip Code 32606

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

Name of Employer BARR SYSTEMS, INC. Occupation SOFTWARE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12455

Amount of Each Receipt this Period
250.00

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 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CORRIE F BELL JR.

Mailing Address 17450 NE STATE RD. 121

City WILLISTON	State FL	Zip Code 32696
-------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.11963

Amount of Each Receipt this Period
500.00

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

Mailing Address 5590 SOUTHWEST 28TH AVENUE

City OCALA	State FL	Zip Code 34471
---------------	-------------	-------------------

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

Name of Employer RICHMOND HILL CAPITAL PARTNERS	Occupation CONSULTANT
--	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4818.90

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.12278

Amount of Each Receipt this Period
281.10

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

Mailing Address 5590 SOUTHWEST 28TH AVENUE

City OCALA	State FL	Zip Code 34471
---------------	-------------	-------------------

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

Name of Employer RICHMOND HILL CAPITAL PARTNERS	Occupation CONSULTANT
--	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4818.90

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.12279

Amount of Each Receipt this Period
2218.90

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD BIANCULLI

Mailing Address 545 SOUTHEAST 131ST STREET

City State Zip Code
OCALA FL 34480

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

Name of Employer Occupation
OCALA RECYCLING PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5418.90

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.12234

Amount of Each Receipt this Period
2500.00

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

Mailing Address 6074 WEST STATE ROAD 238

City State Zip Code
LAKE BUTLER FL 32054

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

Name of Employer Occupation
LAND & HOMES REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12297

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KATHY B BIELLING

Mailing Address 6074 WEST STATE ROAD 238

City State Zip Code
LAKE BUTLER FL 32054

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

Name of Employer Occupation
LAND & HOMES REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12298

Amount of Each Receipt this Period
150.00

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

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

3650.00

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

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

FOR LINE NUMBER: PAGE 10 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEISA R BREEDEN

Mailing Address **PO BOX 421**

City **WILLISTON** State **FL** Zip Code **32696**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.12126

Amount of Each Receipt this Period
500.00

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

Mailing Address **2095 SALT MYRTLE LN.**

City **FLEMING ISLAND** State **FL** Zip Code **32003**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.11941

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. PAIGE BROOKINS

Mailing Address **PO BOX 1682**

City **CHIEFLAND** State **FL** Zip Code **32644**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.12239

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 11 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JESSE LEE BRYAN III

Mailing Address 15311 NW 46TH LN.

City State Zip Code
CHIEFLAND FL 32626

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2014

Transaction ID : SA11A1.12202

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AUGUST A BUSCH III

Mailing Address 1 MID RIVERS MALL DR.

City State Zip Code
ST. PETERS MO 63377

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

Name of Employer Occupation
NONE 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
 06 / 27 / 2014

Transaction ID : SA11A1.12282

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
AUGUST A BUSCH III

Mailing Address 1 MID RIVERS MALL DR.

City State Zip Code
ST. PETERS MO 63377

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

Name of Employer Occupation
NONE 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
 06 / 27 / 2014

Transaction ID : SA11A1.12283

Amount of Each Receipt this Period
2600.00

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

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

5700.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 152

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEBORAH BUTLER

Mailing Address 2306 SOUTHWEST 13TH STREET
 #1206

City Gainesville State FL Zip Code 32608

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

Name of Employer BUTLER ENTERPRISES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12196

Amount of Each Receipt this Period
 2400.00

REATTRIBUTION REQUESTED

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

Mailing Address 2306 SOUTHWEST 13TH STREET
 #1206

City Gainesville State FL Zip Code 32608

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

Name of Employer BUTLER ENTERPRISES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12197

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 935 NE ORCHID RD.

City Branford State FL Zip Code 32008

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

Name of Employer BYRD'S LOGGING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12373

Amount of Each Receipt this Period
 500.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEPHEN CADE

Mailing Address **PO BOX 559**

City **NEWBERRY** State **FL** Zip Code **32669**

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

Name of Employer **SELF EMPLOYED** Occupation **PARTS**

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
06 / 06 / 2014

Transaction ID : SA11AI.12451

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
JOHN V. CARLSON

Mailing Address **5120 NW 67TH ST**

City **GAINESVILLE** State **FL** Zip Code **32653**

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

Name of Employer **CHARLES PERRY PARTNERS, INC** Occupation **CONSTRUCTION MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1135.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12445

Amount of Each Receipt this Period
300.00

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

Mailing Address **16788 148TH ST.**

City **LIVE OAK** State **FL** Zip Code **32060**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

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
06 / 30 / 2014

Transaction ID : SA11AI.12361

Amount of Each Receipt this Period
250.00

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

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

900.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 152

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TESSIE R CASON

Mailing Address **PO BOX 477**

City **LAKE BUTLER** State **FL** Zip Code **32054**

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
06 / 18 / 2014

Transaction ID : SA11AI.12285

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. LARRY H CHESHIRE

Mailing Address **1325 NW 53RD AVE., STE. E**

City **GAINESVILLE** State **FL** Zip Code **32609**

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

Name of Employer **CHESHIRE FAMILY COMPANY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12194

Amount of Each Receipt this Period
 150.00

C. Full Name (Last, First, Middle Initial)
CHIEFLAND CHIROPRACTI CENTER, LLC

Mailing Address **410 N MAIN ST.
 STE. 11**

City **CHIEFLAND** State **FL** Zip Code **32626**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.12225

Amount of Each Receipt this Period
 250.00

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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 152

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEITH RICHESON

Mailing Address 410 N MAIN ST.
STE. 11

City State Zip Code
CHIEFLAND FL 32626

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

Name of Employer Occupation
CHIEFLAND CHIROPRACTIC CENTER, LLC PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.12226

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
PARTNERSHIP CHIEFLAND CHIROPRACTI CENTER, LLC

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

Mailing Address 820 NORTHWEST 22ND TERRACE

City State Zip Code
GAINESVILLE FL 32605

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

Name of Employer Occupation
COLLIER COMPANY PRINCIPAL/CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12192

Amount of Each Receipt this Period
250.00

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

Mailing Address 2274 SOUTHWEST DAIRY STREET

City State Zip Code
LAKE CITY FL 32024

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12319

Amount of Each Receipt this Period
250.00

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 16 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GLEND A CRANFORD

Mailing Address **POST OFFICE BOX 553**

City **BRANFORD** State **FL** Zip Code **32008**

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 **275.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12358

Amount of Each Receipt this Period
50.00

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

Mailing Address **5375 180TH ST.**

City **MCALPIN** State **FL** Zip Code **32062**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12357

Amount of Each Receipt this Period
300.00

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

Mailing Address **6312 SOUTHWEST 99TH STREET**

City **GAINESVILLE** State **FL** Zip Code **32608**

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

Name of Employer **ADVANCED NUTRITION PARK, LLC** Occupation **MANAGING MEMBER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12190

Amount of Each Receipt this Period
1500.00

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

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

1850.00

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

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

FOR LINE NUMBER: PAGE 17 OF 152
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORITA V DAVIS

Mailing Address 22606 W NEWBERRY RD.

City NEWBERRY State FL Zip Code 32669

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

Name of Employer DAVIS PROPERTY MANAGEMENT, INC Occupation REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.11830

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NORITA V DAVIS

Mailing Address 22606 W NEWBERRY RD.

City NEWBERRY State FL Zip Code 32669

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

Name of Employer DAVIS PROPERTY MANAGEMENT, INC Occupation REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12193

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PHILLIP W DAVIS

Mailing Address 13055 SW 175TH AVE.

City BROOKER State FL Zip Code 32622

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12304

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JASON S DAVIS

Mailing Address 13055 SW 175TH AVE.

City State Zip Code
BROOKER FL 32622

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12305

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RUTH H DAVIS

Mailing Address 15454 SW STATE RD. 231

City State Zip Code
BROOKER FL 32622

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

Name of Employer Occupation
SELF EMPLOYED RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12318

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CARLOS M DE LA CRUZ

Mailing Address 5 HARBOR PT

City State Zip Code
KEY BISCAYNE FL 33147

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

Name of Employer Occupation
CCI COMPANIES INC CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.12157

Amount of Each Receipt this Period
2500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAMON DEAS

Mailing Address 5060 NW 20TH DR.

City State Zip Code
JENNINGS FL 32053

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

Name of Employer Occupation
DEAS BROS. FARMS FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12349

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD M DEVOS

Mailing Address 126 OTTAWA AVE. NW
STE. 500

City State Zip Code
GRAND RAPIDS MI 49503

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12427

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS L DEVOS

Mailing Address 126 OTTAWA AVE. NW
STE. 500

City State Zip Code
GRAND RAPIDS MI 49503

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12428

Amount of Each Receipt this Period
2000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 152
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) N. TERRY DICKS		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 452 SOUTHWEST CR 240		Transaction ID : SA11AI.12338
City LAKE CITY	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer DICKS TRUCKING	Occupation OWNER	Election Cycle-to-Date 3000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) N. TERRY DICKS		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 452 SOUTHWEST CR 240		Transaction ID : SA11AI.12339
City LAKE CITY	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer DICKS TRUCKING	Occupation OWNER	Election Cycle-to-Date 3000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) STEVEN DICKS		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 804 SOUTHEAST FEAGLE AVENUE		Transaction ID : SA11AI.12315
City LAKE CITY	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NONE	Occupation RETIRED	Election Cycle-to-Date 475.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VERNON DOUGLAS

Mailing Address **281 SW VOYAGER CT.**

City **LAKE CITY** State **FL** Zip Code **32025**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1125.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.12292

Amount of Each Receipt this Period
1125.00

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

Mailing Address **POST OFFICE BOX 2417**

City **CHIEFLAND** State **FL** Zip Code **32644**

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

Name of Employer **SELF** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.12129

Amount of Each Receipt this Period
500.00

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

Mailing Address **8015 SW 42 TERR**

City **GAINESVILLE** State **FL** Zip Code **32608**

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

Name of Employer **CRIME PREVENTION SS** Occupation **VP SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12452

Amount of Each Receipt this Period
300.00

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

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

1925.00

**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 22 OF 152
	<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)
TED YOHO FOR CONGRESS

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

Mailing Address POST OFFICE BOX 426

City WILLISTON State FL Zip Code 32696

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

Name of Employer THOMAS CATTLE BUYING SERVICES Occupation RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.12139

Amount of Each Receipt this Period
 500.00

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

Mailing Address POST OFFICE BOX 260

City O'BRIEN State FL Zip Code 32071

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12342

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD L FEAGLE

Mailing Address 13620 SW 89TH AVE.

City ARCHER State FL Zip Code 32618

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

Name of Employer ARCHER AUTOMOTIVE Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.12590

Amount of Each Receipt this Period
 238.50
 IN-KIND:EVENT CATERING

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

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

1238.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. KENNETH FELD

Mailing Address 9609 HALTER CT

City POTOMAC State MD Zip Code 20854

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

Name of Employer FELD ENTERTAINMENT, INC. Occupation CHAIRMAN & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.11950

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BONNIE T FELD

Mailing Address 9609 HALTER CT.

City POTOMAC State MD Zip Code 20854

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.11951

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
MS. MICHELLE FINNEN

Mailing Address 14450 NE 75TH ST.

City BRONSON State FL Zip Code 32621

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

Name of Employer IIS GROUP Occupation DIRECTOR OF INFORMATION SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **320.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.12217

Amount of Each Receipt this Period
200.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTINA FLAGG

Mailing Address 5810 NW 97 ST

City Gainesville State FL Zip Code 32653

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 06 / 06 / 2014

Transaction ID : SA11AI.12439

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. GEORGE COTTON FLETCHER

Mailing Address 1223 NW 114 DR.

City Gainesville State FL Zip Code 32606

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

Name of Employer GEORGE E. FLETCHER, INC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2075.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12288

Amount of Each Receipt this Period
575.00

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

Mailing Address 1223 NORTHWEST 114TH DRIVE

City Gainesville State FL Zip Code 32606

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1825.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12289

Amount of Each Receipt this Period
575.00

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 25 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
G.W. BLAKE FLETCHER

Mailing Address 11514 NW 15TH LN.

City GAINESVILLE	State FL	Zip Code 32606
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3150.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11A1.12321

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
G.W. BLAKE FLETCHER

Mailing Address 11514 NW 15TH LN.

City GAINESVILLE	State FL	Zip Code 32606
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3150.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11A1.12322

Amount of Each Receipt this Period
550.00

C. Full Name (Last, First, Middle Initial)
DONALD E FROWICK

Mailing Address 780 COLUMBUS DR.

City ST. PETERSBURG	State FL	Zip Code 33715
------------------------	-------------	-------------------

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11A1.12299

Amount of Each Receipt this Period
500.00

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

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

1650.00

**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 26 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FAYE GASTON

Mailing Address 9691 NW 53RD RD DR

City Gainesville State FL Zip Code 32653

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

Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12450

Amount of Each Receipt this Period
 1000.00

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

Mailing Address POST OFFICE BOX 2006

City Cross City State FL Zip Code 32628

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

Name of Employer N. FL PHARMACY/FAMILY FARM Occupation PHARMACIST/SMALL RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.12152

Amount of Each Receipt this Period
 500.00

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

Mailing Address 10770 NINA ST

City Argo State FL Zip Code 33778

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

Name of Employer SELF EMPLOYED Occupation VETERINARIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12328

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GREGORY GRAY

Mailing Address **PO BOX 17832**

City **ARLINGTON** State **VA** Zip Code **22216**

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

Name of Employer **SELF EMPLOYED** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12454

Amount of Each Receipt this Period
1000.00

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

Mailing Address **2580 SW 102ND DR.**

City **DAVIE** State **FL** Zip Code **33324**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.12204

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM E GREENE

Mailing Address **PO BOX 38**

City **MADISON** State **FL** Zip Code **32341**

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

Name of Employer **SELF EMPLOYED** Occupation **TIMBER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12341

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEN GRINER

Mailing Address **POST OFFICE BOX 1819**

City **CHIEFLAND** State **FL** Zip Code **32644**

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

Name of Employer **USHER TIMBER** Occupation **FORRESTER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.12133

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JASON M HALBERG

Mailing Address **5751 THOROUGHbred LN.**

City **SOUTHWEST RANCHES** State **FL** Zip Code **33330**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.12205

Amount of Each Receipt this Period
1000.00

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

Mailing Address **5750 NORTHWEST 135TH STREET**

City **CHIEFLAND** State **FL** Zip Code **32625**

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
450.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.12214

Amount of Each Receipt this Period
200.00

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILL HARDEE

Mailing Address 5650 NORTHWEST 135TH STREET

City CHIEFLAND State FL Zip Code 32626

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

Name of Employer SOUTHEASTERN CHEMCREAT Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.12218

Amount of Each Receipt this Period
100.00

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

Mailing Address 11551 NORTHWEST US HWY 129

City CHIEFLAND State FL Zip Code 32626

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.12227

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HARRIS TRAINING CENTER LLC

Mailing Address 328 NW 4TH AVE

City WILLISTON State FL Zip Code 32896

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.12137

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 30 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARY HARRIS

Mailing Address 628 NW 4TH AVE

City WILLISTON State FL Zip Code 32696

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

Name of Employer HARRIS TRAINING CENTER LLC Occupation PARTNER

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
 05 / 14 / 2014

Transaction ID : SA11AI.12138

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
PARTNERSHIP HARRIS TRAINING CENTER LLC

B. Full Name (Last, First, Middle Initial)
CHARLES E HATCH

Mailing Address PO BOX 184

City BRANFORD State FL Zip Code 32008

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

Name of Employer HATCH BROTHERS FARMS Occupation AGRICULTURE

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
 06 / 30 / 2014

Transaction ID : SA11AI.12352

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LEON D HATCH JR.

Mailing Address PO BOX 314

City BRANFORD State FL Zip Code 32008

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

Name of Employer HATCH ENTERPRISES, INC. Occupation FARMER

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
 06 / 30 / 2014

Transaction ID : SA11AI.12360

Amount of Each Receipt this Period
250.00

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

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

500.00

**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 31 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEVIN HAWTHORNE

Mailing Address 171 SOUTHWEST KING STREET

City LAKE CITY State FL Zip Code 32024

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

Name of Employer SELF Occupation VETERINARIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12290

Amount of Each Receipt this Period
 1125.00

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

Mailing Address 13870 SOUTHWST 175TH AVENUE

City BROOKER State FL Zip Code 32622

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
 06 / 18 / 2014

Transaction ID : SA11AI.12293

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 13870 SOUTHWST 175TH AVENUE

City BROOKER State FL Zip Code 32622

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
 06 / 18 / 2014

Transaction ID : SA11AI.12294

Amount of Each Receipt this Period
 150.00

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

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

2275.00

**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 32 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ED HENDERSON

Mailing Address 16318 68TH PLACE

City State Zip Code
LIVE OAK FL 32060

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

Name of Employer Occupation
SHENANDOAH DAIRY DAIRY FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12371

Amount of Each Receipt this Period
500.00

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

Mailing Address POST OFFICE BOX 129

City State Zip Code
ALACHUA FL 32616

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.12284

Amount of Each Receipt this Period
1150.00

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

Mailing Address 15720 SOUTHWEST 191ST AVENUE

City State Zip Code
WILLISTON FL 32696

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
238.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.12597

Amount of Each Receipt this Period
238.50
IN-KIND:EVENT CATERING

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

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

1888.50

**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 33 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAY HODGE

Mailing Address 19039 121ST RD

City State Zip Code
MCALPIN FL 32062

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.12158

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS. CAROLYN A HOGUE

Mailing Address 303 NE GOLD DUST RD

City State Zip Code
BRANFORD FL 32008

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12363

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MICHAEL P HOLLOWAY

Mailing Address 8440 SE 16 TERRACE

City State Zip Code
OCALA FL 34450

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

Name of Employer Occupation
SELF EMPLOYEED ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.12161

Amount of Each Receipt this Period
500.00

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

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

800.00

**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 34 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LUCY HOOVER

Mailing Address 3780 CREEK HOLLOW LANE

City MIDDLEBURG State FL Zip Code 32068

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

Name of Employer NONE Occupation RETIRED FBI

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.12209

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MARY A HOWLAND

Mailing Address PO BOX 6

City LIVE OAK State FL Zip Code 32064

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.12156

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
JOHN D HOWLAND

Mailing Address PO BOX 6

City LIVE OAK State FL Zip Code 32064

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.12160

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

**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 35 OF 152		
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VIRGINIA JOHNS

Mailing Address **POST OFFICE BOX 986**

City **ALACHUA** State **FL** Zip Code **32616**

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

Name of Employer **HIPP CONSTRUCTION** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.12291

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
COLIN M JONES

Mailing Address **14212 NW 28TH AVE.**

City **GAINESVILLE** State **FL** Zip Code **32606**

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12340

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
LAFAYETTE DAIRY, LLC

Mailing Address **10,000 HIGHWAY 98 N**

City **OKEECHOBEE** State **FL** Zip Code **34972**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12348

Amount of Each Receipt this Period
500.00

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOUIS LARSON JR.

Mailing Address 10,000 HIGHWAY 98 N

City State Zip Code
OKEECHOBEE FL 34972

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

Name of Employer Occupation
LAFAYETTE DAIRY, LLC PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12353

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
PARTNERSHIP LAFAYETTE DAIRY, LLC

B. Full Name (Last, First, Middle Initial)
MRS. NANCY L. LAMBKA

Mailing Address 11950 SE 30TH ST.

City State Zip Code
MORRISTON FL 32668

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

Name of Employer Occupation
NONE 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
 06 / 09 / 2014

Transaction ID : SA11AI.12216

Amount of Each Receipt this Period
300.00

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

Mailing Address 1801 NORTHEAST HEWITT LAND ROAD

City State Zip Code
MAYO FL 32066

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.12155

Amount of Each Receipt this Period
500.00

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

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

800.00

**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 37 OF 152
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MRS. CAROLYN S. LAND		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 722 SE HERITAGE CT.		Transaction ID : SA11AI.12359	
City BRANFORD	State FL	Zip Code 32008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 635.00		

Full Name (Last, First, Middle Initial) B. BRENDA B LAND		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1801 NE HEWITT LAND RD.		Transaction ID : SA11AI.12374	
City MAYO	State FL	Zip Code 32088	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. LENOIR V LEE II		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 10627 SW 65TH AVE		Transaction ID : SA11AI.12134	
City GAINESVILLE	State FL	Zip Code 32608	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer SELF-EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 38 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LENOIR V LEE II

Mailing Address 10627 SW 65TH AVE

City Gainesville State FL Zip Code 32608

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.12135

Amount of Each Receipt this Period
 200.00

Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
LEWIS S LEE

Mailing Address 3733 ORTEGA BLVD

City Jacksonville State FL Zip Code 32210

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.12136

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MR. FRANKLIN K. LENTZ JR.

Mailing Address 8729 SW 61ST AVE.

City Gainesville State FL Zip Code 32608

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

Name of Employer LENTZ FINANCIAL GROUP Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12286

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 750.00

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

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

1450.00

**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 39 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HAROLD LESLIE

Mailing Address 3820 NW 43RD ST. STE. A

City Gainesville State FL Zip Code 32608

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

Name of Employer NW MUTUAL Occupation FINANCIAL ADVISOR

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
 06 / 23 / 2014

Transaction ID : SA11AI.12253

Amount of Each Receipt this Period
250.00

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

Mailing Address 1708 SW 117TH ST

City Gainesville State FL Zip Code 32607

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

Name of Employer CHARLES PERRY PARTNERS Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12447

Amount of Each Receipt this Period
300.00

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

Mailing Address 8005 A1A S

City ST AUGUSTINE State FL Zip Code 32060

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

Name of Employer MIDFIA HEATING & AIR Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12441

Amount of Each Receipt this Period
2500.00

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

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

3050.00

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

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

FOR LINE NUMBER: PAGE 40 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOHN W. MARTIN

Mailing Address 3038 NE WALDO RD.

City State Zip Code
GAINESVILLE FL 32609

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

Name of Employer Occupation
SELF EMPLOYED CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.12449

Amount of Each Receipt this Period
100.00

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

Mailing Address 6790 SOUTHEAST 91ST TRAIL

City State Zip Code
TRENTON FL 32693

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12395

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
RAMONA F MCGRANAHAN

Mailing Address 10709 - 184TH ST.

City State Zip Code
MCALPIN FL 32062

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12369

Amount of Each Receipt this Period
500.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 41 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JEFFREY MELDON

Mailing Address **PO BOX 65**

City **GAINESVILLE** State **FL** Zip Code **32602**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12199

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LEANN S MUSIC

Mailing Address **18323 CR 250**

City **LIVE OAK** State **FL** Zip Code **32060**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

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
06 / 30 / 2014

Transaction ID : SA11AI.12379

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
THERESA P NENEZIAN

Mailing Address **126 LEEWARD CT.**

City **DAVENPORT** State **FL** Zip Code **33896**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

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
04 / 14 / 2014

Transaction ID : SA11AI.11930

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 42 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VAN NEVILLE

Mailing Address 205 SW 75TH ST, #6B

City State Zip Code
GAINESVILLE FL 32607

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

Name of Employer Occupation
MIDWEST FEED & FARM STORES OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.12147

Amount of Each Receipt this Period
400.00

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

Mailing Address 251 OCEAN VIEW AVE.

City State Zip Code
DEL MAR CA 92014

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

Name of Employer Occupation
BANYAN BIOMARKERS, INC. EXECUTIVE CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.11987

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DEXTER O'STEEN

Mailing Address 16707 NORTHWEST CR 241

City State Zip Code
ALACHUA FL 32615

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

Name of Employer Occupation
O'STEEN BROS CONSTRUCTION OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12195

Amount of Each Receipt this Period
500.00

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

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

1900.00

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

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

FOR LINE NUMBER: PAGE 43 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEXTER O'STEEN

Mailing Address 16707 NORTHWEST CR 241

City ALACHUA State FL Zip Code 32615

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

Name of Employer O'STEEN BROS CONSTRUCTION Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.12320

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID W PADOT

Mailing Address 7272 CARDINAL TRL.

City FANNING SPRINGS State FL Zip Code 32693

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.12277

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STEPHEN R PARKS

Mailing Address 1857 ALAQUA DR.

City LONGWOOD State FL Zip Code 32779

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.11934

Amount of Each Receipt this Period
2600.00

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

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

3350.00

**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 44 OF 152
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) LINDA G.T. PARKS		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 1857 ALAQUA DR.		Transaction ID : SA11AI.11937	
City LONGWOOD	State FL	Zip Code 32779	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) JOHN PASTORE, JR		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 8016 SW 42ND TER		Transaction ID : SA11AI.12444	
City GAINESVILLE	State FL	Zip Code 32608	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer CPSS	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) PRISCILLA PLEIMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 15921 NW CR 1491		Transaction ID : SA11AI.12329	
City ALACHUA	State FL	Zip Code 32615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 45 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RONNIE POOLE

Mailing Address 127 HOWARD STREET E

City State Zip Code
LIVE OAK FL 32064

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

Name of Employer Occupation
POOLE REALTY REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 30 2014

Transaction ID : SA11AI.12344

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. PHILLIP W. PRITCHETT

Mailing Address PO BOX 311

City State Zip Code
LAKE BUTLER FL 32054

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

Name of Employer Occupation
PRITCHETT TRUCKING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 23 2014

Transaction ID : SA11AI.12230

Amount of Each Receipt this Period
 600.00

C. Full Name (Last, First, Middle Initial)
MR. PHILLIP W. PRITCHETT

Mailing Address PO BOX 311

City State Zip Code
LAKE BUTLER FL 32054

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

Name of Employer Occupation
PRITCHETT TRUCKING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 23 2014

Transaction ID : SA11AI.12231

Amount of Each Receipt this Period
 550.00

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

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

2150.00

**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 46 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOHN W. PRITCHETT

Mailing Address PO BOX 311

City LAKE BUTER State FL Zip Code 32054

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

Name of Employer PRITCHETT TRUCKING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12301

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN W. PRITCHETT

Mailing Address PO BOX 311

City LAKE BUTER State FL Zip Code 32054

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

Name of Employer PRITCHETT TRUCKING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.12232

Amount of Each Receipt this Period
1100.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN W. PRITCHETT

Mailing Address PO BOX 311

City LAKE BUTER State FL Zip Code 32054

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

Name of Employer PRITCHETT TRUCKING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.12233

Amount of Each Receipt this Period
50.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 47 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARGARET PRITCHETT

Mailing Address PO BOX 121

City LAKE BUTLER State FL Zip Code 32054

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
 06 / 18 / 2014

Transaction ID : SA11AI.12287

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR. DON QUINCEY

Mailing Address 2350 NW 10TH AVE.

City CHIEFLAND State FL Zip Code 32626

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

Name of Employer QUINCEY CATTLE Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.12141

Amount of Each Receipt this Period
 1250.00

C. Full Name (Last, First, Middle Initial)
DR. JERRY RAYBURN

Mailing Address 3691 LAKE ALFRED RD

City WINTER HAVEN State FL Zip Code 33881

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

Name of Employer SELF EMPLOYED Occupation VETERINARIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2014

Transaction ID : SA11AI.12201

Amount of Each Receipt this Period
 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JENNIE REED

Mailing Address 8474 SW 48TH AVE.

City LAKE BUTLER State FL Zip Code 32054

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
 06 / 18 / 2014

Transaction ID : SA11AI.12296

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. EDWARD ROBERTS

Mailing Address PO BOX 184

City O'BRIEN State FL Zip Code 32071

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12366

Amount of Each Receipt this Period
 100.00

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

Mailing Address POST OFFICE BOX 233

City LAKE BUTLER State FL Zip Code 32054

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

Name of Employer SELF EMPLOYED Occupation SWIFT CREEK REALTY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12323

Amount of Each Receipt this Period
 1000.00

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: PAGE 49 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AVERY ROBERTS

Mailing Address **POST OFFICE BOX 233**

City **LAKE BUTLER** State **FL** Zip Code **32054**

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

Name of Employer **SELF EMPLOYED** Occupation **SWIFT CREEK REALTY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1187.25

Date of Receipt
06 / 18 / 2014

Transaction ID : SA11AI.12594

Amount of Each Receipt this Period
187.25
 IN-KIND:EVENT FACILITY RENTAL

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

Mailing Address **4400 NORTHWEST 39TH AVENUE
APT 391**

City **GAINESVILLE** State **FL** Zip Code **32606**

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

Name of Employer **SELF** Occupation **VETERINARIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
04 / 16 / 2014

Transaction ID : SA11AI.11949

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. DEMPSEY R. SAPP JR.

Mailing Address **18796 SW 132ND AVE.**

City **LAKE BUTLER** State **FL** Zip Code **32054**

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

Name of Employer **FLORIDA PEST CONTROL** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
06 / 18 / 2014

Transaction ID : SA11AI.12295

Amount of Each Receipt this Period
1150.00

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

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

1587.25

**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 50 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DEMPSEY R SAPP

Mailing Address 17445 SW 132ND AVE.

City LAKE BUTLER	State FL	Zip Code 32054
---------------------	-------------	-------------------

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
 06 / 18 / 2014

Transaction ID : SA11AI.12300

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
ALLISON T. SCOTT

Mailing Address 1043 PINEVIEW CIRCLE

City LIVE OAK	State FL	Zip Code 32064
------------------	-------------	-------------------

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12343

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MOULTRIE SESSIONS JR.

Mailing Address PO BOX 311432

City ENTERPRISE	State AL	Zip Code 36331
--------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation PEANUT PROCESSOR
-----------------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.12271

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 51 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

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

Mailing Address **POST OFFICE BOX 357**

City **MAYO** State **FL** Zip Code **32066**

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

Name of Employer **SELF** Occupation **MAYO FERTILIZER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12263

Amount of Each Receipt this Period
 2600.00

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

Mailing Address **PO BOX 357**

City **MAYO** State **FL** Zip Code **32066**

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

Name of Employer **SELF-EMPLOYED** Occupation **AGRI BUSINESS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12267

Amount of Each Receipt this Period
 2600.00

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

Mailing Address **2772 KELSEY PL.**

City **JACKSONVILLE** State **FL** Zip Code **32257**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.11959

Amount of Each Receipt this Period
 500.00

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

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

5700.00

**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 52 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROLYN SKELTON

Mailing Address **6250 NORTHWEST 75TH AVENUE**

City **CHIEFLAND** State **FL** Zip Code **32626**

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

Name of Employer **DR ROBERT MOUNT DDS PA** Occupation **BOOK KEEPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.12128

Amount of Each Receipt this Period
250.00

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

Mailing Address **POST OFFICE BOX 2211**

City **ORANGE PARK** State **FL** Zip Code **32067**

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

Name of Employer **BIZPROPERTIES.COM INC** Occupation **DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.11945

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER E SMITH

Mailing Address **2025 SOUTHWEST 112TH STREET**

City **GAINESVILLE** State **FL** Zip Code **32607**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.11936

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 53 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTINE SMITH

Mailing Address 949 SOUTHEAST 964TH STREET

City State Zip Code
OLD TOWN FL 32680

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.12148

Amount of Each Receipt this Period
2000.00

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

Mailing Address 949 SOUTHEAST 964TH STREET

City State Zip Code
OLD TOWN FL 32680

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2014

Transaction ID : SA11AI.12203

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LAURA H SMITH

Mailing Address PO BOX 1631

City State Zip Code
CHIEFLAND FL 32644

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.12221

Amount of Each Receipt this Period
250.00

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

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

2500.00

**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 54 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WHITNEY SMITH

Mailing Address **PO BOX 1631**

City **CHIEFLAND** State **FL** Zip Code **32644**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
208.60

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.12592

Amount of Each Receipt this Period
208.60
 IN-KIND:EVENT BEVERAGES

B. Full Name (Last, First, Middle Initial)
DR. MARK SPATOLA

Mailing Address **2021 KINGSLEY AVE. STE. 101**

City **ORANGE PARK** State **FL** Zip Code **32073**

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

Name of Employer **ORANGE PARK NEUROSURGERY** Occupation **NEUROSURGEON**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 15 / 2014

Transaction ID : SA11AI.12181

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES WILLIAM STANLEY

Mailing Address **1022 SOUTHWEST 112TH STREET**

City **GAINESVILLE** State **FL** Zip Code **32607**

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12198

Amount of Each Receipt this Period
2600.00

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

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

3308.60

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

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

FOR LINE NUMBER: PAGE 55 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. MARK STARR

Mailing Address 8436 NW 4TH PL.

City Gainesville State FL Zip Code 32607

FEC ID number of contributing federal political committee. C

Name of Employer FLORIDA CREDIT UNION Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA11AI.11922

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR. MARK STARR

Mailing Address 8436 NW 4TH PL.

City Gainesville State FL Zip Code 32607

FEC ID number of contributing federal political committee. C

Name of Employer FLORIDA CREDIT UNION Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.11988

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MR. MARK STARR

Mailing Address 8436 NW 4TH PL.

City Gainesville State FL Zip Code 32607

FEC ID number of contributing federal political committee. C

Name of Employer FLORIDA CREDIT UNION Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.12485

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: PAGE 56 OF 152
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RANDY B. STEFANELLI

Mailing Address **PO BOX 1550**

City **CHIEFLAND** State **FL** Zip Code **32644**

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

Name of Employer **RANDY STEFANELLI INSURANCE AGENCY II** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.12240

Amount of Each Receipt this Period
250.00

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

Mailing Address **1206 NW 150TH DR.**

City **NEWBERRY** State **FL** Zip Code **32669**

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

Name of Employer **SELF EMPLOYED** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.11962

Amount of Each Receipt this Period
100.00

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

Mailing Address **13424 SOUTHWEST 4TH LANE**

City **NEWBERRY** State **FL** Zip Code **32669**

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

Name of Employer **BANYAN BIOMARKERS** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7430.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12440

Amount of Each Receipt this Period
2500.00

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

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

2850.00

**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 57 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
S C SULLIVAN

Mailing Address **PO BOX 303**

City **LIVE OAK** State **FL** Zip Code **32064**

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

Name of Employer **SELF EMPLOYED** Occupation **REALTOR**

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
06 / 30 / 2014

Transaction ID : SA11AI.12346

Amount of Each Receipt this Period
250.00

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

Mailing Address **22512 CR 200A**

City **LAWTEY** State **FL** Zip Code **32058**

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

Name of Employer **TATUM BROS LUMBER COMPANY** Occupation **SECRETARY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5460.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12608

Amount of Each Receipt this Period
1800.00

REATTRIBUTION REQUESTED

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

Mailing Address **22512 CR 200A**

City **LAWTEY** State **FL** Zip Code **32058**

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

Name of Employer **TATUM BROS LUMBER COMPANY** Occupation **SECRETARY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5460.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12609

Amount of Each Receipt this Period
2600.00

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

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

4650.00

**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 58 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LINDA TATUM

Mailing Address 22648 CR 200A

City State Zip Code
LAWTEY FL 32058

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

Name of Employer Occupation
TATUM LUMBER BOSS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2014

Transaction ID : SA11AI.12480

Amount of Each Receipt this Period
400.00

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

Mailing Address 3307 NE 2ND ST.

City State Zip Code
GAINESVILLE FL 32609

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

Name of Employer Occupation
CENTRAL FLORIDA DRYWALL & PLASTERIN CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.12207

Amount of Each Receipt this Period
500.00

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

Mailing Address 405 SE GUNPOWDER AVE.

City State Zip Code
MADISON FL 32340

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12356

Amount of Each Receipt this Period
250.00

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

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

1150.00

**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 59 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES THOMAS

Mailing Address 11462 US 129

City State Zip Code
LIVE OAK FL 32060

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

Name of Employer Occupation
DIXIE GRILL OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12611

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
VICTORIA VAN BUREN

Mailing Address 2686 NORTHWEST 138TH TERRACE

City State Zip Code
GAINESVILLE FL 32606

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

Name of Employer Occupation
NONE 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
 06 / 30 / 2014

Transaction ID : SA11AI.12265

Amount of Each Receipt this Period
250.00

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

Mailing Address POST OFFICE BOX 315

City State Zip Code
WELLBORN FL 32094

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

Name of Employer Occupation
COLUMBIA GRAIN COMPANY PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12370

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 60 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HENRY WARD III

Mailing Address **POST OFFICE BOX 448**

City **WELLBORN** State **FL** Zip Code **32094**

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

Name of Employer **COLUMBIA GRAIN** Occupation **GRAIN & FEED DEALER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12383

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. BRECK A WEINGART

Mailing Address **8400 SW 24TH AVE.**

City **GAINESVILLE** State **FL** Zip Code **32607**

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

Name of Employer **CHARLES ROWE PARTNERS** Occupation **CONSTRUCTION**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2335.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12448

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DANIEL T WHITE

Mailing Address **PO BOX 357247**

City **GAINESVILLE** State **FL** Zip Code **32653**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.12446

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 61 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

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

Mailing Address 7323 180TH ST.

City State Zip Code
MCALPHIN FL 32070

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12386

Amount of Each Receipt this Period
100.00

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

Mailing Address 7323 180TH ST.

City State Zip Code
MCALPHIN FL 32070

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.12610

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
D.E. WHITEHURST JR

Mailing Address 21290 NW 75TH ST

City State Zip Code
WILLISTON FL 32696

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

Name of Employer Occupation
WATSON CONSTRUCTION CO LLC FOREMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.12127

Amount of Each Receipt this Period
500.00

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

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

1100.00

**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 62 OF 152
	<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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES WILLIAMS JR.

Mailing Address 10592 122ND STREET

City LIVE OAK State FL Zip Code 32060

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.12378

Amount of Each Receipt this Period
 500.00

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

Mailing Address PO BOX 5

City AVON PARK State FL Zip Code 33826

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.12159

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. TIM YOHO

Mailing Address W8304 BALD EAGLE DR.

City TREGO State WI Zip Code 54888

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
 06 / 09 / 2014

Transaction ID : SA11AI.12500

Amount of Each Receipt this Period
 2250.00

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

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

1500.00

114022.85

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

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

FOR LINE NUMBER: PAGE 63 OF 152
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN KENNEL CLUB INC POLITICAL ACTION COMMITTEE (AKC PAC)

Mailing Address 260 MADISON AVENUE 4TH FLOOR

City NEW YORK State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C** C00441808

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.12426

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN MEAT INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1150 CONNECTICUT AVENUE, NW
SUITE 1200

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00024281

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11C.12273

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 20533 BISCAYNE BLVD
#250

City MIAMI State FL Zip Code 33180

FEC ID number of contributing federal political committee. **C** C00492579

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11C.12123

Amount of Each Receipt this Period
 500.00

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

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

2500.00

**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 64 OF 152
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

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

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11C.11981

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BAYER CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 BAYER ROAD

City PITTSBURGH State PA Zip Code 15205

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11C.12183

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BUILD PAC OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAC)

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11C.12150

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 152
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CME GROUP INC. PAC

Mailing Address **20 SOUTH WACKER DRIVE**

City **CHICAGO** State **IL** Zip Code **60606**

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11C.12275

Amount of Each Receipt this Period
2000.00

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

Mailing Address **5959 LAS COLINAS BLVD**

City **IRVING** State **TX** Zip Code **75039**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 14 / 2014

Transaction ID : SA11C.12200

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address **50 F STREET NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11C.12269

Amount of Each Receipt this Period
1000.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 152
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.12392

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC

Mailing Address 2121 CRYSTAL DRIVE
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11C.12281

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MICHIGAN SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 2600 EUCLID AVENUE

City BAY CITY State MI Zip Code 48706

FEC ID number of contributing federal political committee. **C** C00189126

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11C.11971

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 152
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 7525 RED RIVER ROAD

City WAHPETON State ND Zip Code 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

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

Transaction ID : SA11C.11979

Amount of Each Receipt this Period
 1000.00

B. NATIONAL CATTLEMEN'S BEEF ASSOC. PAC (NCBA-PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 9110 EAST NICHOLS AVENUE

City CENTENNIAL State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11C.12276

Amount of Each Receipt this Period
 1500.00

C. NFL UNIFIED PROFESSIONAL FIRE FIGHTERS GATOR FIRE COUNCIL

Full Name (Last, First, Middle Initial)
Mailing Address 1185 GLEN ROYAL TER.

City DELAND State FL Zip Code 32720

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11C.11964

Amount of Each Receipt this Period
 250.00

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 69 OF 152
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PLUM CREEK TIMBER COMPANY, INC. PAC (PLUM CREEK PAC)

Mailing Address 601 UNION STREET
SUITE 3100

City SEATTLE State WA Zip Code 98101

FEC ID number of contributing federal political committee. **C** C00255224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11C.12151

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
RAYONIER INC. GOOD GOVERNMENT COMMITTEE

Mailing Address 221 NORTH HOGAN STREET
PMB 329

City JACKSONVILLE State FL Zip Code 32222

FEC ID number of contributing federal political committee. **C** C00451757

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11C.12149

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
SNAKE RIVER SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1951 SOUTH SATURN WAY
SUITE 100

City BOISE State ID Zip Code 83709

FEC ID number of contributing federal political committee. **C** C00326389

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11C.12268

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 152
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE PAC

Mailing Address P O BOX 500

City RENVILLE State MN Zip Code 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11C.12182

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SUPPORTING CONSERVATIVES OF TODAY AND TOMORROW (SCOTT PAC)

Mailing Address PO BOX 905

City NEWTON State NJ Zip Code 07860

FEC ID number of contributing federal political committee. **C** C00453324

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.11832

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 65116

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C** C00425439

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11C.11978

Amount of Each Receipt this Period
2500.00

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

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

4500.00

**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 71 OF 152
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TOTAL MILITARY MANAGEMENT INC POLITICAL ACTION COMMITTEE (MILITARY MOVE PAC)

Mailing Address PO BOX 77472

City WASHINGTON State DC Zip Code 20013

FEC ID number of contributing federal political committee. **C** C00542845

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : SA11C.11926

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH STREET NW SUITE 1019

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00063586

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.12393

Amount of Each Receipt this Period
1000.00

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).....

3500.00

34250.00

**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 72 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00493783**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **22568.66**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA12.12429

Amount of Each Receipt this Period
4870.78
 TRANSFER OF NET JFC FUNDS

B. Full Name (Last, First, Middle Initial)
UNITED EGG ASSOCIATION EGGPAC

Mailing Address **1720 WINDWARD CONCOURSE SUITE 230**

City **ALPHARETTA** State **GA** Zip Code **30005**

FEC ID number of contributing federal political committee. **C C00172841**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12546

Amount of Each Receipt this Period
2000.00
[MEMO ITEM]
 TRANSFER IN AFFILIATED

C. Full Name (Last, First, Middle Initial)
SEAN L. HOLLADAY

Mailing Address **3909 75TH PL**

City **LUBBOCK** State **TX** Zip Code **79423**

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12547

Amount of Each Receipt this Period
50.00
[MEMO ITEM]
 TRANSFER IN AFFILIATED

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

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

4870.78

**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 73 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CRAIG HEINRICH

Mailing Address 3508 148TH ST

City LUBBOCK State TX Zip Code 79423

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **157.15**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12548

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

Mailing Address PO BOX 99

City IDALOU State TX Zip Code 79329

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12549

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
MR. JAMES A. SPINKS

Mailing Address 1601 STANOLIND AVE

City MIDLAND State TX Zip Code 79705

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **121.43**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12550

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

**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 74 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. WESLEY BUTCHEE

Mailing Address **PO BOX 875**

City **SEAGRAVES** State **TX** Zip Code **79359**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
121.42

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12551

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
S&A FARMS

Mailing Address **429 FM 1730**

City **WILSON** State **TX** Zip Code **79381**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12552

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

Mailing Address **PO BOX 9**

City **KRESS** State **TX** Zip Code **79052**

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

Name of Employer
SELF EMPLOYED

Occupation
FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12553

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 75 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STACY SMITH

Mailing Address 429 FM 1730

City State Zip Code
WILSON TX 79381

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

Name of Employer Occupation
S&A SMITH FARMS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12554

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
TRANSFER IN AFFILIATED-S&A SMITH FARMS

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

Mailing Address 4601 WEST CR 50

City State Zip Code
ACKERLY TX 79713

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12555

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
TRANSFER IN AFFILIATED

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

Mailing Address 3103 80TH ST

City State Zip Code
LUBBOCK TX 79423

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

Name of Employer Occupation
STEVE VERRETT FARMS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12556

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
TRANSFER IN AFFILIATED

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

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

0.00

**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 76 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BRAD HEFFINGTON

Mailing Address 2530 US HIGHWAY 385

City State Zip Code
LITTLEFIELD TX 79339

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

Name of Employer Occupation
HEFFINGTON FARMS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
121.43

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12557

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
MR. BARRY EVANS

Mailing Address 7187 FM 145

City State Zip Code
KRESS TX 79052

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
121.43

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12558

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
MR. DAVID R. CARTER

Mailing Address PO BOX 8274

City State Zip Code
LEVELLAND TX 79338

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
121.43

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12559

Amount of Each Receipt this Period
50.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

**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 77 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAIN AND HAIL INSURANCE SOCIETY POLITICAL ACTION COMMITTEE

Mailing Address 9200 NORTHPARK DRIVE
SUITE 300

City JOHNSTON State IA Zip Code 50131

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12560

Amount of Each Receipt this Period
 1000.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
RICELAND FOODS, INC. PAC

Mailing Address P.O. BOX 927

City STUTTGART State AR Zip Code 72160

FEC ID number of contributing federal political committee. **C** C00220053

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 285.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12561

Amount of Each Receipt this Period
 142.86

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
LOUISIANA RICE POLITICAL ACTION COMMITTEE, INC.

Mailing Address P.O. BOX 1691

City LAKE CHARLES State LA Zip Code 70602

FEC ID number of contributing federal political committee. **C** C00389916

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 785.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA12.12562

Amount of Each Receipt this Period
 142.85

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

**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 78 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TEXAS RICE PRODUCERS' LEGISLATIVE GROUP POLITICAL ACTION COMMITTEE

Mailing Address **4 N WASHINGTON**

City State Zip Code
EL CAMPO TX 77437

FEC ID number of contributing federal political committee. **C C00240093**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **285.71**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 17 2014
Transaction ID : SA12.12563

Amount of Each Receipt this Period
142.85

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

Mailing Address **2100 RIVEREDGE PARKWAY, SUITE 500**

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing federal political committee. **C C00443168**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 17 2014
Transaction ID : SA12.12564

Amount of Each Receipt this Period
1000.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
WESTERN PEANUT GROWERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 252**

City State Zip Code
SEMINOLE TX 79360

FEC ID number of contributing federal political committee. **C C00254847**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **928.58**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 24 2014
Transaction ID : SA12.12565

Amount of Each Receipt this Period
428.58

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PANHANDLE PEANUT GROWERS PAC

Mailing Address **PO BOX 361**

City **WELLINGTON** State **TX** Zip Code **79095**

FEC ID number of contributing federal political committee. **C C00382507**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **428.57**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA12.12566

Amount of Each Receipt this Period
428.57

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00493783**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **22568.66**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA12.12430

Amount of Each Receipt this Period
1655.12

TRANSFER OF NET JFC FUNDS

C. Full Name (Last, First, Middle Initial)
CONAWAY FOR CONGRESS

Mailing Address **PO BOX 51272**

City **MIDLAND** State **TX** Zip Code **79710**

FEC ID number of contributing federal political committee. **C C00383828**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA12.12545

Amount of Each Receipt this Period
2000.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

1655.12

**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 80 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOUTHERLAND YOHO VICTORY

Mailing Address 228 S WASHINGTON ST.
STE. 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00561951

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4167.44

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12397

Amount of Each Receipt this Period
 4167.44

TRANSFER OF NET JFC FUNDS

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

Mailing Address POST OFFICE BOX 315

City State Zip Code
WELLBORN FL 32094

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

Name of Employer Occupation
COLUMBIA GRAIN COMPANY PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12398

Amount of Each Receipt this Period
 500.00

[MEMO ITEM]
TRANSFER IN AFFILIATED

C. Full Name (Last, First, Middle Initial)
MR. DAVID C. HOGUE

Mailing Address 303 NE GOLD DUST RD.

City State Zip Code
BRANFORD FL 32008

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
187.50

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12399

Amount of Each Receipt this Period
 37.50

[MEMO ITEM]
TRANSFER IN AFFILIATED

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

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

4167.44

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

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

FOR LINE NUMBER: PAGE 81 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUWANNEE LUMBER CO., LLC

Mailing Address **PO BOX 5090**

City **CROSS CITY** State **FL** Zip Code **32628**

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

Name of Employer Occupation

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
06 / 19 / 2014

Transaction ID : SA12.12400

Amount of Each Receipt this Period
250.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED-NO ITEMIZATION
REQUIRED**

B. Full Name (Last, First, Middle Initial)
RAMONA F MCGRANAHAN

Mailing Address **10709 - 184TH ST.**

City **MCALPIN** State **FL** Zip Code **32062**

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

Name of Employer Occupation
SELF EMPLOYED FARMER

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
06 / 19 / 2014

Transaction ID : SA12.12401

Amount of Each Receipt this Period
250.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
KATHY B BIELLING

Mailing Address **6074 WEST STATE ROAD 238**

City **LAKE BUTLER** State **FL** Zip Code **32054**

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

Name of Employer Occupation
LAND & HOMES REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SA12.12402

Amount of Each Receipt this Period
75.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

**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 82 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MICHAEL J DOONER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2014
Mailing Address PO BOX 2337		Transaction ID : SA12.12403
City HAVANA	State FL	Zip Code 32333
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	[MEMO ITEM] TRANSFER IN AFFILIATED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75.00	

Full Name (Last, First, Middle Initial) B. CHARLES T MAULTSBY		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2014
Mailing Address PO BOX 458		Transaction ID : SA12.12404
City GREENVILLE	State FL	Zip Code 32331
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	[MEMO ITEM] TRANSFER IN AFFILIATED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. ROBERT P COOK		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2014
Mailing Address 1878 AVONDALE CIR.		Transaction ID : SA12.12405
City JACKSONVILLE	State FL	Zip Code 32205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	[MEMO ITEM] TRANSFER IN AFFILIATED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN E MORRIS

Mailing Address **PO BOX 479**

City **PERRY** State **FL** Zip Code **32348**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA12.12406

Amount of Each Receipt this Period
100.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
HEATHER R MCCOY

Mailing Address **212 PINELAND RD.**

City **PERRY** State **FL** Zip Code **32348**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA12.12407

Amount of Each Receipt this Period
75.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
LYNETTA U GRINNER

Mailing Address **PO DRAWER 1819**

City **CHIEFLAND** State **FL** Zip Code **32644**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA12.12408

Amount of Each Receipt this Period
300.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

**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 84 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOUG WARD

Mailing Address **PO BOX 1167**

City **PERRY** State **FL** Zip Code **32348**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA12.12409

Amount of Each Receipt this Period
150.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

Mailing Address **1327 NE MANDARIN RD.**

City **BRANFORD** State **FL** Zip Code **32008**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA12.12410

Amount of Each Receipt this Period
150.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
JOY A LAMB

Mailing Address **213 NE LANTANA RD.**

City **BRANFORD** State **FL** Zip Code **32008**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA12.12411

Amount of Each Receipt this Period
75.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 85 OF 152
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MIA H WADE

Mailing Address 37183 EL TERRACE ST.

City State Zip Code
HOMELAND GA 31537

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

Name of Employer Occupation
SOUTHEASTERN WOOD PRODUCERS CORPORATE OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12412

Amount of Each Receipt this Period
250.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
REBECCA P STOUTMIRE

Mailing Address 935 W WASHINGTON ST.

City State Zip Code
MONTICELLO FL 32344

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12413

Amount of Each Receipt this Period
75.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

Mailing Address 949 SOUTHEAST 964TH STREET

City State Zip Code
OLD TOWN FL 32680

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2475.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12414

Amount of Each Receipt this Period
75.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

**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 86 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) CHRISTINE SMITH		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2014
Mailing Address 949 SOUTHEAST 964TH STREET		Transaction ID : SA12.12415
City OLD TOWN	State FL	Zip Code 32680
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer SELF EMPLOYED	Occupation ATTORNEY	[MEMO ITEM] TRANSFER IN AFFILIATED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2475.00	

Full Name (Last, First, Middle Initial) J R COCHRAN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2014
Mailing Address PO BOX 876		Transaction ID : SA12.12416
City CARRABELLE	State FL	Zip Code 32322
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer COCHRAN FOREST PRODUCTS	Occupation PRESIDENT	[MEMO ITEM] TRANSFER IN AFFILIATED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00	

Full Name (Last, First, Middle Initial) JEFF STOUTMIRE		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2014
Mailing Address 935 W WASHINGTON ST.		Transaction ID : SA12.12417
City MONTICELLO	State FL	Zip Code 32344
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer STOUTMIRE PAULITE ASSOCIATION	Occupation INSURANCE	[MEMO ITEM] TRANSFER IN AFFILIATED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LINDA Y ROBERTS

Mailing Address **PO BOX 1601**

City **PERRY** State **FL** Zip Code **32348**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA12.12418

Amount of Each Receipt this Period
150.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
GLEND A CRANFORD

Mailing Address **POST OFFICE BOX 553**

City **BRANFORD** State **FL** Zip Code **32008**

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
225.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA12.12419

Amount of Each Receipt this Period
75.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
GEORGE W OBERSCHLAK E III

Mailing Address **202 PINELAND ST.**

City **PERRY** State **FL** Zip Code **32348**

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

Name of Employer
GP

Occupation
CHEMICAL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA12.12420

Amount of Each Receipt this Period
250.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

0.00

**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 88 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGIA C JONES

Mailing Address 1185 NW SCENIC LAKE DR.

City LAKE CITY	State FL	Zip Code 32055
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

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
 06 / 19 / 2014

Transaction ID : SA12.12421

Amount of Each Receipt this Period
 _____ 250.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
NEILL G WADE

Mailing Address 2306 KAMI CREEK TRL.

City TALLAHASSEE	State FL	Zip Code 32303
---------------------	-------------	-------------------

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
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12422

Amount of Each Receipt this Period
 _____ 250.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
JACKY M WINTERS

Mailing Address 1511 W JULIA ST.

City PERRY	State FL	Zip Code 32347
---------------	-------------	-------------------

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

Name of Employer BEGARD EQUIPMENT	Occupation BRANCH MANAGER
--------------------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 75.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12423

Amount of Each Receipt this Period
 _____ 75.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

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

_____ 0.00

**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 89 OF 152
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. CAROLYN S. LAND

Mailing Address 722 SE HERITAGE CT.

City State Zip Code
BRANFORD FL 32008

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12424

Amount of Each Receipt this Period
150.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

Mailing Address 4795 S SR 349

City State Zip Code
BRANFORD FL 32008

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

Name of Employer Occupation
SELF EMPLOYED AG & MARINE SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12425

Amount of Each Receipt this Period
100.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

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

Mailing Address PO BOX 5090

City State Zip Code
CROSS CITY FL 32628

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

Name of Employer Occupation
SUWANNEE LUMBER CO., LLC PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
125.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA12.12958

Amount of Each Receipt this Period
125.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED-SUWANNEE LUMBER CO., LLC PARTNER ATTRIBUTION**

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

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

0.00

**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 91 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISA ALSTODT		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 7629 SW 19TH PL		Amount of Each Disbursement this Period 62.24 Transaction ID : SB17.12498
City GAINESVILLE	State FL	
Zip Code 32607	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
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. RAISA ALSTODT		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 7629 SW 19TH PL		Amount of Each Disbursement this Period 44.83 Transaction ID : SB17.12529
City GAINESVILLE	State FL	
Zip Code 32607	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 04 / 18 / 2014
Mailing Address POST OFFICE BOX 360001		Amount of Each Disbursement this Period 52.00 Transaction ID : SB17.12045
City FT. LAUDERDALE	State FL	
Zip Code 33336	Purpose of Disbursement TRAVEL EXPENSE-NO ITEMIZATION NECESSARY	Category/ Type 001
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).....	159.07
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 92 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address POST OFFICE BOX 360001		Amount of Each Disbursement this Period 907.47 Transaction ID : SB17.12039
City FT. LAUDERDALE	State FL	
Zip Code 33336	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
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. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2330 TURNBERRY LANE		Amount of Each Disbursement this Period 506.00 Transaction ID : SB17.12040 [MEMO ITEM]
City CHARLOTTE	State NC	
Zip Code 28210	Purpose of Disbursement AIRFARE	Category/ Type 001
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. WAHOO SEAFOOD		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 3833 NW 97TH BLVD		Amount of Each Disbursement this Period 178.67 Transaction ID : SB17.12041 [MEMO ITEM]
City GAINESVILLE	State FL	
Zip Code 32606	Purpose of Disbursement MEETING EXPENSE	Category/ Type 001
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).....	907.47
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 93 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER CAB		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 42.66 Transaction ID : SB17.12042
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
Candidate Name	Category/ Type 001	
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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address POST OFFICE BOX 360001		Amount of Each Disbursement this Period 42.66 Transaction ID : SB17.12504
City FT. LAUDERDALE	State FL	
Zip Code 33336	Purpose of Disbursement SEE MEMO ENTRIES	[MEMO ITEM]
Candidate Name	Category/ Type 001	
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. UBER CAB		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 42.66 Transaction ID : SB17.12505
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
Candidate Name	Category/ Type 001	
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).....	42.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 152		
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 1057.69 Transaction ID : SB17.11990
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SALARY Candidate Name Category/Type 001	
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. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 99.03 Transaction ID : SB17.11991
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MILEAGE Candidate Name Category/Type 001	
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. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.12006
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement REIMBURSE EVENT TICKETS- NO ITEMIZATION Candidate Name Category/Type 001	
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).....	1176.72
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 95 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATHRYN CAMMACK			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014	
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 1057.69	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.12022	
Purpose of Disbursement SALARY		001 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. KATHRYN CAMMACK			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 1057.60	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.12077	
Purpose of Disbursement SALARY		001 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. KATHRYN CAMMACK			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 123.69	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.12078	
Purpose of Disbursement MILEAGE		001 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).....	2238.98
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 96 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 91.90 Transaction ID : SB17.12496
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT Candidate Name Category/Type 001	
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. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 179.26 Transaction ID : SB17.12524
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT Candidate Name Category/Type 001	
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. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 118.62 Transaction ID : SB17.12574
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES Candidate Name Category/Type 001	
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).....	389.78
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 97 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 87.93
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT Category/Type 001	
Candidate Name		Transaction ID : SB17.12575 [MEMO ITEM]
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. CANTERBURY EQUESTRIAN CENTER		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 23100 WEST NEWBERRY ROAD		Amount of Each Disbursement this Period 1000.00
City NEWBERRY State FL Zip Code 32669	Purpose of Disbursement EVENT FACILITY RENTAL Category/Type 001	
Candidate Name		Transaction ID : SB17.12508
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. CHASE CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address POST OFFICE BOX 15153		Amount of Each Disbursement this Period 2895.77
City WILMINGTON State DE Zip Code 19886	Purpose of Disbursement SEE MEMO ENTRIES Category/Type 001	
Candidate Name		Transaction ID : SB17.12002
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).....	3895.77
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 98 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PAPERLESS POST

Mailing Address **ONLINE SERVICE**

City **NEW YORK** State **NY** Zip Code **10001**

Purpose of Disbursement **EVENT SUPPLIES** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **04 / 04 / 2014**

Amount of Each Disbursement this Period: **130.00**

Transaction ID : **SB17.12104**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED STATES POST OFFICE

Mailing Address **4600 SOUTHWEST 34TH STREET**

City **GAINESVILLE** State **FL** Zip Code **32608**

Purpose of Disbursement **POSTAGE** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **04 / 04 / 2014**

Amount of Each Disbursement this Period: **289.58**

Transaction ID : **SB17.12107**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address **6861 WEST NEWBERRY ROAD**

City **GAINESVILLE** State **FL** Zip Code **32605**

Purpose of Disbursement **OFFICE SUPPLIES** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **04 / 04 / 2014**

Amount of Each Disbursement this Period: **184.40**

Transaction ID : **SB17.12108**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) **0.00**

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 99 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OFFICE MAX		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 3642 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 61.02
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement OFFICE SUPPLIES Category/Type 001	
Candidate Name		Transaction ID : SB17.12110 [MEMO ITEM]
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. CATO INSTITUTE		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 1000 MASSACHUSETTS AVE NW		Amount of Each Disbursement this Period 247.83
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement EVENT SUPPLIES Category/Type 001	
Candidate Name		Transaction ID : SB17.12114 [MEMO ITEM]
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. TARGET		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 1000 NICOLLET MALL		Amount of Each Disbursement this Period 135.94
City MINNEAPOLIS State MN Zip Code 55403	Purpose of Disbursement EVENT SUPPLIES Category/Type 001	
Candidate Name		Transaction ID : SB17.12116 [MEMO ITEM]
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).....	0.00
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 100 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 3570 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 173.14
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement EVENT SUPPLIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.12117 [MEMO ITEM]
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. HILL COUNTRY BBQ		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 410 7TH ST NW		Amount of Each Disbursement this Period 581.94
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type 001	Transaction ID : SB17.12118 [MEMO ITEM]
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. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address ARCHER ROAD		Amount of Each Disbursement this Period 149.42
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement OFFICE EQUIPMENT	
Candidate Name	Category/Type 001	Transaction ID : SB17.12121 [MEMO ITEM]
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).....	0.00
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 101 OF 152			
	<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)
TED YOHO FOR CONGRESS

A. CHASE CARD SERVICES

Full Name (Last, First, Middle Initial)
Mailing Address POST OFFICE BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 02 / 2014

Amount of Each Disbursement this Period: 3187.51

Transaction ID : SB17.12038

Category/Type: 001

B. TARGET

Full Name (Last, First, Middle Initial)
Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 02 / 2014

Amount of Each Disbursement this Period: 15.44

Transaction ID : SB17.12081

[MEMO ITEM]

Category/Type: 001

C. BEST BUY

Full Name (Last, First, Middle Initial)
Mailing Address ARCHER ROAD

City GAINESVILLE State FL Zip Code 32608

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 02 / 2014

Amount of Each Disbursement this Period: 21.18

Transaction ID : SB17.12083

[MEMO ITEM]

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 3187.51

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 102 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ENGRAVING UNIVERSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 6623 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 212.00
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name		Transaction ID : SB17.12084 [MEMO ITEM]
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. PUBLIX SUPERMARKETS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 5801 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 390.12
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement EVENT CATERING 001 Category/Type	
Candidate Name		Transaction ID : SB17.12085 [MEMO ITEM]
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. FUN FLICKS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1900 PINE BAY DRIVE		Amount of Each Disbursement this Period 399.00
City LAKE MARY State FL Zip Code 32746	Purpose of Disbursement EVENT FACILITY RENTAL 001 Category/Type	
Candidate Name		Transaction ID : SB17.12087 [MEMO ITEM]
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).....	0.00
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 103 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 6861 WEST NEWBERRY ROAD		Amount of Each Disbursement this Period 221.57
City GAINESVILLE State FL Zip Code 32605	Purpose of Disbursement OFFICE SUPPLIES Category/Type 001	
Candidate Name		Transaction ID : SB17.12089 [MEMO ITEM]
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. UNITED STATES POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 4600 SOUTHWEST 34TH STREET		Amount of Each Disbursement this Period 212.33
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement POSTAGE Category/Type 001	
Candidate Name		Transaction ID : SB17.12090 [MEMO ITEM]
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. ALL ABOUT EVENTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 4549 ST AUGUSTINE RD STE 1		Amount of Each Disbursement this Period 529.06
City JACKSONVILLE State FL Zip Code 32207	Purpose of Disbursement EVENT EQUIPMENT RENTAL Category/Type 001	
Candidate Name		Transaction ID : SB17.12095 [MEMO ITEM]
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).....	0.00
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 104 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 156 UNIVERSITY AVE		Amount of Each Disbursement this Period 306.90
City PALO ALTO	State CA Zip Code 94301	
Purpose of Disbursement ADVERTISING	Category/Type 001	Transaction ID : SB17.12099 [MEMO ITEM]
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. EVENTHELPER.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 565 BRUNSWICK E STE 11		Amount of Each Disbursement this Period 104.25
City GRASS VALLEY	State CA Zip Code 95945	
Purpose of Disbursement EVENT INSURANCE	Category/Type 001	Transaction ID : SB17.12100 [MEMO ITEM]
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. CHASE CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address POST OFFICE BOX 15153		Amount of Each Disbursement this Period 920.41
City WILMINGTON	State DE Zip Code 19886	
Purpose of Disbursement SEE MEMO ENTRIES	Category/Type 001	Transaction ID : SB17.12060
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).....	920.41
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 105 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAILCHIMP.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 512 MEANS STREET SUITE 404		Amount of Each Disbursement this Period 40.00
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement E-MARKETING 001 Category/Type	
Candidate Name		Transaction ID : SB17.12062 [MEMO ITEM]
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. UNITED STATES POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4600 SOUTHWEST 34TH STREET		Amount of Each Disbursement this Period 215.99
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : SB17.12066 [MEMO ITEM]
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. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 156 UNIVERSITY AVE		Amount of Each Disbursement this Period 300.68
City PALO ALTO State CA Zip Code 94301	Purpose of Disbursement ADVERTISING 001 Category/Type	
Candidate Name		Transaction ID : SB17.12067 [MEMO ITEM]
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).....	0.00
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 106 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGET		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1000 NICOLLET MALL		Amount of Each Disbursement this Period 68.16
City MINNEAPOLIS	State MN	
Zip Code 55403	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.12068 [MEMO ITEM]
Candidate Name	001 Category/Type	
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. 43RD STREET DELI & BREAKFAST HOUSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3483 SOUTHWEST WILLISTON ROAD		Amount of Each Disbursement this Period 23.59
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.12069 [MEMO ITEM]
Candidate Name	001 Category/Type	
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. WAHOO SEAFOOD		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3833 NW 97TH BLVD		Amount of Each Disbursement this Period 123.85
City GAINESVILLE	State FL	
Zip Code 32606	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.12072 [MEMO ITEM]
Candidate Name	001 Category/Type	
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).....	0.00
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 107 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHIEFLAND CITIZEN		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 624 W PARK AVE		Amount of Each Disbursement this Period 465.00 Transaction ID : SB17.12008
City CHIEFLAND	State FL	
Zip Code 32626	Purpose of Disbursement ADVERTISING	Category/ Type 001
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. NICHOLAS EAGLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 151 SUMMERSET DR		Amount of Each Disbursement this Period 148.95 Transaction ID : SB17.12531
City APOPKA	State FL	
Zip Code 32712	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
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. NICHOLAS EAGLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 151 SUMMERSET DR		Amount of Each Disbursement this Period 64.17 Transaction ID : SB17.12532 [MEMO ITEM]
City APOPKA	State FL	
Zip Code 32712	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
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).....	613.95
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 108 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PUBLIX SUPERMARKETS, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 5801 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 943.93
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.12535 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ENGRAVING UNIVERSE		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 6623 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 238.50
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name		Transaction ID : SB17.12179
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ENGRAVING UNIVERSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 6623 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 705.43
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name		Transaction ID : SB17.12509
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	943.93
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 109 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. RICHARD L FEAGLE		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 13620 SW 89TH AVE.		Amount of Each Disbursement this Period 238.50 Transaction ID : SB17.12591
City ARCHER State FL Zip Code 32618	Purpose of Disbursement IN-KIND:EVENT CATERING	
Candidate Name	Category/Type	
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. GAINESVILLE CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 300 E. UNIVERSITY AVE SUITE 100		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.12507
City GAINESVILLE State FL Zip Code 32601	Purpose of Disbursement MEMBERSHIP DUES	
Candidate Name	Category/Type 001	
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. NATHAN HARVEY		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 270 E ECHO ST		Amount of Each Disbursement this Period 100.05 Transaction ID : SB17.12499
City LAKE ALFRED State FL Zip Code 33850	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type 001	
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).....	638.55
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 110 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATHAN HARVEY		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 270 E ECHO ST		Amount of Each Disbursement this Period 31.28 Transaction ID : SB17.12530
City LAKE ALFRED	State FL Zip Code 33850	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NATHAN HARVEY		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 270 E ECHO ST		Amount of Each Disbursement this Period 137.37 Transaction ID : SB17.12580
City LAKE ALFRED	State FL Zip Code 33850	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. HILL'S BBQ & CATERING		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 2626 NE 39TH AVE		Amount of Each Disbursement this Period 2140.00 Transaction ID : SB17.12543
City GAINESVILLE	State FL Zip Code 32609	
Purpose of Disbursement EVENT CATERING	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2308.65
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 111 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERT HOBBY		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 15720 SOUTHWEST 191ST AVENUE		Amount of Each Disbursement this Period 238.50 Transaction ID : SB17.12598
City WILLISTON State FL Zip Code 32696	Purpose of Disbursement IN-KIND:EVENT CATERING	
Candidate Name	Category/Type	
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. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 787.50 Transaction ID : SB17.11994
City TRENTON State FL Zip Code 32693	Purpose of Disbursement SALARY	
Candidate Name	Category/Type 001	
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. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 927.50 Transaction ID : SB17.12029
City TRENTON State FL Zip Code 32693	Purpose of Disbursement SALARY	
Candidate Name	Category/Type 001	
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).....	1953.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LAURA JACKSON			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 81.45	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.12030	
Purpose of Disbursement MILEAGE		001 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. LAURA JACKSON			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 507.50	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.12080	
Purpose of Disbursement SALARY		001 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. LAURA JACKSON			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 156.19	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.12525	
Purpose of Disbursement MILEAGE REIMBURSEMENT		001 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).....	745.14
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 113 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 36.09 Transaction ID : SB17.12581
City TRENTON State FL Zip Code 32693	Purpose of Disbursement MILEAGE REIMBURSEMENT Category/Type 001	
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. KB STRATEGIC GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 101682		Amount of Each Disbursement this Period 1962.68 Transaction ID : SB17.11996
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
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. KB STRATEGIC GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO BOX 101682		Amount of Each Disbursement this Period 2307.00 Transaction ID : SB17.12019
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
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).....	4305.77
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 114 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KB STRATEGIC GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014		
Mailing Address PO BOX 101682			Amount of Each Disbursement this Period 758.00		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SB17.12052		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001			
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. KB STRATEGIC GROUP			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014		
Mailing Address PO BOX 101682			Amount of Each Disbursement this Period 1383.75		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SB17.12538		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001			
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. KB STRATEGIC GROUP			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014		
Mailing Address PO BOX 101682			Amount of Each Disbursement this Period 256.13		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SB17.12539		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001			
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).....	2397.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. MARION COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Mailing Address 4000 EAST SILVER SPRINGS BLVD

City Ocala State FL Zip Code 34470

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 29 / 2014

Amount of Each Disbursement this Period
3000.00

Transaction ID : SB17.12596

Category/Type
001

Full Name (Last, First, Middle Initial)
B. MADALINA ANN MOTTL

Mailing Address 2330 SW WILLISTON RD

City Gainesville State FL Zip Code 32608

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 01 / 2014

Amount of Each Disbursement this Period
420.00

Transaction ID : SB17.11992

Category/Type
001

Full Name (Last, First, Middle Initial)
C. MADALINA ANN MOTTL

Mailing Address 2330 SW WILLISTON RD

City Gainesville State FL Zip Code 32608

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 01 / 2014

Amount of Each Disbursement this Period
69.30

Transaction ID : SB17.11993

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... 3489.30

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 116 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 640.00 Transaction ID : SB17.12023
City GAINESVILLE	State FL	
Zip Code 32608	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 65.21 Transaction ID : SB17.12024
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement MILEAGE	Category/ Type 001
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. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 139.47 Transaction ID : SB17.12025
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
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).....	844.68
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 117 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 3570 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 68.12
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement EVENT SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.12026 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 3642 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 27.09
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.12028 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 400.00
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SALARY 001 Category/Type	
Candidate Name		Transaction ID : SB17.12079
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	400.00
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 118 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 96.03 Transaction ID : SB17.12497
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
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. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 128.24 Transaction ID : SB17.12526
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
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. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 112.77 Transaction ID : SB17.12527 [MEMO ITEM]
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
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).....	224.27
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 119 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 154.69 Transaction ID : SB17.12577
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
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. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 132.22 Transaction ID : SB17.12578 [MEMO ITEM]
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 3.38 Transaction ID : SB17.12172
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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).....	158.07
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 120 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 69.03	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.12584	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 4.50	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.12171	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 4.50	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.12170	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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).....	78.03
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 121 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 0.90 Transaction ID : SB17.12169
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.12007
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.12174
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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).....	58.90
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 122 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 1.13 Transaction ID : SB17.12168
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 11.25 Transaction ID : SB17.12167
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 25.88 Transaction ID : SB17.12048
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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).....	38.26
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 123 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 4.50 Transaction ID : SB17.12166
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.12034
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.12165
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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).....	78.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 11.25	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.12164	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 1.13	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.12163	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 1.13	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.12434	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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).....	13.51
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 125 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 22.50 Transaction ID : SB17.12435
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES Category/Type 001	
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. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 11.25 Transaction ID : SB17.12438
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES Category/Type 001	
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. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.12436
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES Category/Type 001	
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).....	36.00
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 126 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 1.13 Transaction ID : SB17.12437
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	
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. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2470 DANIELL'S BRIDGE RD, STE 121		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.11999
City ATHENS	State GA Zip Code 30606	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
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. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2470 DANIELL'S BRIDGE RD, STE 121		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.12037
City ATHENS	State GA Zip Code 30606	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
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).....	4001.13
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 127 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2470 DANIELL'S BRIDGE RD, STE 121		Amount of Each Disbursement this Period 2004.28 Transaction ID : SB17.12053
City ATHENS	State GA	
Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001
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. PROFORMANCE APPAREL		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 6905 SOUTH BROADWAY SUITE 105		Amount of Each Disbursement this Period 2342.11 Transaction ID : SB17.12005
City LITTLETON	State CO	
Zip Code 80122	Purpose of Disbursement PROMOTIONAL ITEMS: T-SHIRTS	Category/ Type 001
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. PROFORMANCE APPAREL		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 6905 SOUTH BROADWAY SUITE 105		Amount of Each Disbursement this Period 186.87 Transaction ID : SB17.12043
City LITTLETON	State CO	
Zip Code 80122	Purpose of Disbursement PROMOTIONAL ITEMS: T-SHIRTS	Category/ Type 001
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)	4533.26
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 128 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. PROFORMANCE APPAREL

Mailing Address 6905 SOUTH BROADWAY
SUITE 105

City LITTLETON State CO Zip Code 80122

Purpose of Disbursement PROMOTIONAL ITEMS: T-SHIRTS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 23 / 2014

Amount of Each Disbursement this Period: 1305.15

Transaction ID : SB17.12540

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. REPUBLICAN CONGRESSIONAL SPOUSES CLUB

Mailing Address 2336 S QUEEN ST

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement EVENT TICKETS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 06 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.12073

Category/Type: 001

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

Mailing Address PO BOX 1631

City CHIEFLAND State FL Zip Code 32644

Purpose of Disbursement IN-KIND:EVENT BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 11 / 2014

Amount of Each Disbursement this Period: 208.60

Transaction ID : SB17.12593

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 1538.75

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 129 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SQUAREUP.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address INTERNET ONLY - NO PHYSICAL ADDRESS		Amount of Each Disbursement this Period 14.15 Transaction ID : SB17.12486
City SAN FRANCISCO	State CA	
Zip Code 94101	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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. KELLY STICKLAND		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1048 CRYSTAL BOWL CIRCLE		Amount of Each Disbursement this Period 592.00 Transaction ID : SB17.12056
City CASSELBERRY	State FL	
Zip Code 32707	Purpose of Disbursement FIELD CONSULTING	Category/ Type 001
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. STRATEGIC IMAGE MANAGEMENT, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 511 W BAY ST, STE 350		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.12000
City TAMPA	State FL	
Zip Code 33606	Purpose of Disbursement CAMPAIGN STRATEGY	Category/ Type 001
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).....	2606.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRATEGIC IMAGE MANAGEMENT, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 511 W BAY ST, STE 350		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.12036
City TAMPA State FL Zip Code 33606	Purpose of Disbursement CAMPAIGN STRATEGY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. STRATEGIC IMAGE MANAGEMENT, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 511 W BAY ST, STE 350		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.12585
City TAMPA State FL Zip Code 33606	Purpose of Disbursement CAMPAIGN STRATEGY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 68.75 Transaction ID : SB17.12175
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4068.75
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 131 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.12487
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
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. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.12586
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
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. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.12587
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
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).....	62.00
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 132 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.12588
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES 001 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. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 33.00 Transaction ID : SB17.12589
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES 001 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. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 196.69 Transaction ID : SB17.11995
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL TAXES 001 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).....	279.69
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 133 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 221.88 Transaction ID : SB17.12173
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL TAXES 001 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. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 161.13 Transaction ID : SB17.12076
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL TAXES 001 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. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 3116.77 Transaction ID : SB17.12488
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL(SEE MEMOS) 001 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).....	3499.78
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 134 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATHRYN CAMMACK			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 1057.69	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.12489	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
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. LAURA JACKSON			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 542.50	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.12490	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
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. MADALINA ANN MOTTL			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 2330 SW WILLISTON RD			Amount of Each Disbursement this Period 400.00	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.12491	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
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).....	0.00
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 135 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NICHOLAS EAGLE			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 151 SUMMERSET DR			Amount of Each Disbursement this Period 75.00	
City APOPKA	State FL	Zip Code 32712	Transaction ID : SB17.12492	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
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. RAISA ALSTODT			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 7629 SW 19TH PL			Amount of Each Disbursement this Period 400.00	
City GAINESVILLE	State FL	Zip Code 32607	Transaction ID : SB17.12493	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
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. NATHAN HARVEY			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 270 E ECHO ST			Amount of Each Disbursement this Period 400.00	
City LAKE ALFRED	State FL	Zip Code 33850	Transaction ID : SB17.12494	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
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).....	0.00
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 136 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 241.58
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.12495 [MEMO ITEM]
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 3595.72
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL(SEE MEMOS)	
Candidate Name		Transaction ID : SB17.12516 [MEMO ITEM]
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 1057.69
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SALARY	
Candidate Name		Transaction ID : SB17.12517 [MEMO ITEM]
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	3595.72
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 137 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 857.56
City TRENTON	State FL Zip Code 32693	
Purpose of Disbursement SALARY	Category/Type 001	Transaction ID : SB17.12518 [MEMO ITEM]
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. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 400.00
City GAINESVILLE	State FL Zip Code 32608	
Purpose of Disbursement SALARY	Category/Type 001	Transaction ID : SB17.12519 [MEMO ITEM]
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. RAISA ALSTODT		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 7629 SW 19TH PL		Amount of Each Disbursement this Period 400.00
City GAINESVILLE	State FL Zip Code 32607	
Purpose of Disbursement SALARY	Category/Type 001	Transaction ID : SB17.12520 [MEMO ITEM]
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).....	0.00
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 138 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATHAN HARVEY		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 270 E ECHO ST		Amount of Each Disbursement this Period 200.00
City LAKE ALFRED	State FL Zip Code 33850	
Purpose of Disbursement SALARY	Category/Type 001	Transaction ID : SB17.12521 [MEMO ITEM]
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. NICHOLAS EAGLE		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 151 SUMMERSET DR		Amount of Each Disbursement this Period 400.00
City APOPKA	State FL Zip Code 32712	
Purpose of Disbursement SALARY	Category/Type 001	Transaction ID : SB17.12522 [MEMO ITEM]
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. SUREPAYROLL, INC.		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 280.47
City GLENVIEW	State IL Zip Code 60025	
Purpose of Disbursement PAYROLL TAXES	Category/Type 001	Transaction ID : SB17.12523 [MEMO ITEM]
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).....	0.00
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 139 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 3127.23 Transaction ID : SB17.12567
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL(SEE MEMO) Candidate Name Category/Type 001	
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. KATHRYN CAMMACK		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 1057.69 Transaction ID : SB17.12568 [MEMO ITEM]
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SALARY Candidate Name Category/Type 001	
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. MADALINA ANN MOTTL		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2330 SW WILLISTON RD		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.12569 [MEMO ITEM]
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SALARY Candidate Name Category/Type 001	
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).....	3127.23
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 140 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISA ALSTODT		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 7629 SW 19TH PL		Amount of Each Disbursement this Period 4400.00
City GAINESVILLE	State FL	
Zip Code 32607	Purpose of Disbursement SALARY	Transaction ID : SB17.12570
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NATHAN HARVEY		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 270 E ECHO ST		Amount of Each Disbursement this Period 400.00
City LAKE ALFRED	State FL	
Zip Code 33850	Purpose of Disbursement SALARY	Transaction ID : SB17.12571
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. LAURA JACKSON		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 630.00
City TRENTON	State FL	
Zip Code 32693	Purpose of Disbursement SALARY	Transaction ID : SB17.12572
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 141 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 630.00
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL TAXES 001 Category/Type	
Candidate Name		Transaction ID : SB17.12573 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SUSQUEHANNA POLLING		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 10 NORTH PROGRESS AVE		Amount of Each Disbursement this Period 2500.00
City HARRISBURG State PA Zip Code 17109	Purpose of Disbursement POLLING 001 Category/Type	
Candidate Name		Transaction ID : SB17.12033
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SUSQUEHANNA POLLING		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 10 NORTH PROGRESS AVE		Amount of Each Disbursement this Period 5295.00
City HARRISBURG State PA Zip Code 17109	Purpose of Disbursement POLLING 001 Category/Type	
Candidate Name		Transaction ID : SB17.12075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7795.00
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 142 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUWANNEE COUNTY FAIR			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address POST OFFICE BOX 266			Amount of Each Disbursement this Period 110.00	
City LIVE OAK	State FL	Zip Code 32064	Transaction ID : SB17.11998	
Purpose of Disbursement EVENT SPONSORSHIP		001 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. TOM'S REAL PIT BBQ			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 7154 SE CR 21 B			Amount of Each Disbursement this Period 802.50	
City KEYSTONE HEIGHTS	State FL	Zip Code 32656	Transaction ID : SB17.12018	
Purpose of Disbursement EVENT CATERING		001 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. UPS STORE			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014	
Mailing Address 5745 SOUTHWEST 75TH STREET			Amount of Each Disbursement this Period 169.60	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.12003	
Purpose of Disbursement SHIPPING		001 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).....	1082.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 5745 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 46.38
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SHIPPING Category/Type 001	
Candidate Name		Transaction ID : SB17.12051
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. UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 5745 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 31.80
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement PRINTING Category/Type 001	
Candidate Name		Transaction ID : SB17.12503
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. US AIRWAYS CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO BOX 13337		Amount of Each Disbursement this Period 925.00
City PHILADELPHIA State PA Zip Code 19101	Purpose of Disbursement SEE MEMO ENTRY Category/Type 001	
Candidate Name		Transaction ID : SB17.12054
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).....	1003.18
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 144 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2330 TURNBERRY LANE		Amount of Each Disbursement this Period 925.00
City CHARLOTTE	State NC	
Zip Code 28210	Purpose of Disbursement AIRFARE	Transaction ID : SB17.12055
Candidate Name	001 Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DONNA VERNON		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 14606 SW 70TH ST		Amount of Each Disbursement this Period 446.21
City ARCHER	State FL	
Zip Code 32618	Purpose of Disbursement REIMBURSE EVENT SUPPLIES-NO ITEMIZATION NECESSARY	Transaction ID : SB17.12050
Candidate Name	001 Category/Type	
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. WEBELECT		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1256 VINETREE DRIVE		Amount of Each Disbursement this Period 1280.00
City BRANDON	State FL	
Zip Code 33510	Purpose of Disbursement VOTER DATA SUBSCRIPTION	Transaction ID : SB17.12074
Candidate Name	001 Category/Type	
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).....	1726.21
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 145 OF 152			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THEODORE SCOTT YOHO		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 1328.74 Transaction ID : SB17.12032
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MILEAGE 001 Category/Type	
Candidate Name THEODORE YOHO	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. THEODORE SCOTT YOHO		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 733.14 Transaction ID : SB17.12502
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT 001 Category/Type	
Candidate Name THEODORE YOHO	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. CAROLYN YOHO		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 8209 SW 95TH LANE		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.12016
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement REIMBURSE EVENT TICKETS- NO ITEMIZATION NECESSARY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	2211.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAROLYN YOHO		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 8209 SW 95TH LANE		Amount of Each Disbursement this Period 189.00 Transaction ID : SB17.12176
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES 001 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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address POST OFFICE BOX 105378		Amount of Each Disbursement this Period 155.19 Transaction ID : SB17.12177 [MEMO ITEM]
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement TELEPHONE 001 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. CAROLYN YOHO		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 8209 SW 95TH LANE		Amount of Each Disbursement this Period 197.78 Transaction ID : SB17.12057
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES 001 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).....	386.78
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 147 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 72.15
City DALLAS State TX Zip Code 75202	Purpose of Disbursement INTERNET 001 Category/Type	
Candidate Name		Transaction ID : SB17.12058 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address POST OFFICE BOX 105378		Amount of Each Disbursement this Period 125.63
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement TELEPHONE 001 Category/Type	
Candidate Name		Transaction ID : SB17.12059 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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		Transaction ID : [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	73762.87

**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 148 OF 152	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DR. EDWIN F. JOHARY P.A.		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1831 NW 13TH ST. STE. 4		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.12014
City GAINESVILLE	State FL	
Zip Code 32609	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. RIDGE VETERINARY MEDICAL SOCIETY, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 3691 LAKE ALFRED RD.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.12013
City WINTER HAVEN	State FL	
Zip Code 33881	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C. B&G PRODUCE		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 17450 NE STATE RD. 121		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.12010
City WILLISTON	State FL	
Zip Code 32696	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 149 OF 152	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILLIAM C STOROE IV, D.D.S. PA		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 3500 SW 2ND AVE. STE. 2		Amount of Each Disbursement this Period 7,000.00 Transaction ID : SB20A.12012
City GAINESVILLE State FL Zip Code 32607	Purpose of Disbursement CONTRIBUTION REFUND Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WILLISTON VETERINARY CLINIC		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 5850 NE SR 121		Amount of Each Disbursement this Period 7,000.00 Transaction ID : SB20A.12011
City WILLISTON State FL Zip Code 32696	Purpose of Disbursement CONTRIBUTION REFUND Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WYOMING HORSE & CATTLE CO.		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 2520 OWL CREEK RD.		Amount of Each Disbursement this Period 7,000.00 Transaction ID : SB20A.12009
City THERMOPOLIS State WY Zip Code 82443	Purpose of Disbursement CONTRIBUTION REFUND Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	2200.00

**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 150 OF 152	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NFL UNIFIED PROFESSIONAL FIRE FIGHTERS GATOR FIRE COUNCIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 1185 GLEN ROYAL TER.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20C.12031
City DELAND State FL Zip Code 32720	Purpose of Disbursement CONTRIBUTION REFUND Category/Type 010	
Candidate Name NFL UNIFIED PROFESSIONAL FIRE FIGHTERS GATOR FIRE COUNCIL	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

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

**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 151 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHIEFLAND WOMENS CLUB		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 825 EAST PARK AVE		Amount of Each Disbursement this Period 220.00 Transaction ID : SB21.12515
City CHIEFLAND	State FL	
Zip Code 32626	Purpose of Disbursement DONATION	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GAINESVILLE FISHER HOUSE FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO BOX 358296		Amount of Each Disbursement this Period 150.00 Transaction ID : SB21.12044
City GAINESVILLE	State FL	
Zip Code 32635	Purpose of Disbursement DONATION	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HELPING HANDS		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 101 NE 16TH AVE		Amount of Each Disbursement this Period 175.00 Transaction ID : SB21.12606
City OCALA	State FL	
Zip Code 34470	Purpose of Disbursement DONATION	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	545.00
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 152 OF 152	
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN MARTIN FOR COUNTY COMMISSION		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 6713 SE 232 TERRACCE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.12604
City HAWTHORNE	State FL	
Zip Code 32640	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MARCH OF DIMES		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2120 WASHINGTON BLVD, STE 425		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.12607
City ARLINGTON	State VA	
Zip Code 22204	Purpose of Disbursement DONATION	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. TRENTON HIGH SCHOOL VARSITY CHEER TEAM		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1013 N MAIN ST		Amount of Each Disbursement this Period 150.00 Transaction ID : SB21.12049
City TRENTON	State FL	
Zip Code 32693	Purpose of Disbursement DONATION	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	1195.00