

# 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  
Calvin D. Turnquest for Congress

ADDRESS (number and street) 1095 Military Trail  
PO Box 94  
 Check if different than previously reported. (ACC) Jupiter FL 33458-9494

2. **FEC IDENTIFICATION NUMBER** C C00550129 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) FL 18

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on MM/DD/YYYY in the State of     
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on MM/DD/YYYY in the State of   

5. Covering Period MM/DD/YYYY through MM/DD/YYYY  
01 / 01 / 2014 through 03 / 31 / 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 Olivia Outmezguine  
Signature of Treasurer Olivia Outmezguine *[Electronically Filed]* Date MM/DD/YYYY  
04 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Calvin D. Turnquest 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))....	21250.88	21650.88
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21250.88	21650.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	16734.43	17109.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16734.43	17109.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4641.65	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	33500.00	

**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

**Calvin D. Turnquest 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).....	12600.00	12850.00
(ii) Unitemized .....	8650.88	8800.88
(iii) TOTAL of contributions from individuals .....	21250.88	21650.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21250.88	21650.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	10100.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	10100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	21250.88	31750.88

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16734.43	17109.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	26734.43	27109.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10125.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21250.88
25. SUBTOTAL (add Line 23 and Line 24).....	31376.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26734.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4641.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<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)  
**Calvin D. Turnquest for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JIMMY BURG**

Mailing Address  
P.O. BOX 781

City State Zip Code  
JUPITER FL 33468-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2014

**Transaction ID : SA11.209**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS CAMPENNI**

Mailing Address  
700 SW SAINT LUCIE CRESCENT

City State Zip Code  
STUART FL 34994-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11.203**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 8686 SE ALABAMA PLACE

City State Zip Code  
HOBE SOUND FL 33455-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.210**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**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 6 OF 24
	<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)  
**Calvin D. Turnquest for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RICK CREECH**

Mailing Address 6856 SW WOODBINE WAY

City PALM CITY State FL Zip Code 34990-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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  
03 / 13 / 2014

**Transaction ID : SA11.213**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEPHANIE FLEETMAN**

Mailing Address 357 MT ALVERNO ROAD

City MEDIA State PA Zip Code 19063-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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  
03 / 03 / 2014

**Transaction ID : SA11.144**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 300 OCEAN TRAIL WAY  
#303

City JUPITER State FL Zip Code 33477-5518

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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  
01 / 21 / 2014

**Transaction ID : SA11.196**

Amount of Each Receipt this Period  
4500.00  
CONTRIBUTION

REFUNDED \$2,000.00 ON 03/30/2014

**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 7 OF 24
	<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)  
**Calvin D. Turnquest for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HARLINGTON HANNAH**

Mailing Address **PO BOX 588**

City **INDIANTOWN** State **FL** Zip Code **34956-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 16 / 2014**

**Transaction ID : SA11.199**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GARY HOLLOWAY**

Mailing Address **10 CAMPUS BLVD**

City **NEWTOWN SQUARE** State **PA** Zip Code **19073-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

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

**Transaction ID : SA11.10**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

Mailing Address **22 VICTORIAN LANE**

City **JUPITER** State **FL** Zip Code **33458-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11.34**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

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

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

**2650.00**

**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 24
	<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)  
**Calvin D. Turnquest for Congress**

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

Mailing Address **22 VICTORIAN LANE**

City **JUPITER** State **FL** Zip Code **33458-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11.35**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL MATTHEWS**

Mailing Address **110 CHAPEL LANE**

City **TEQUESTA** State **FL** Zip Code **33469-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11.212**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **165 REGATTA DRIVE**

City **JUPITER** State **FL** Zip Code **33477-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : SA11.205**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

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

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

**950.00**

**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 24
	<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)  
**Calvin D. Turnquest for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN M. ZUCARRELLI III**

Mailing Address **2411 SE TAILWINDS RD**

City **JUPITER** State **FL** Zip Code **33478-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

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  
**03 / 30 / 2014**

**Transaction ID : SA11.211**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**2500.00**

**12600.00**

**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 10 OF 24			
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. MELISSA A. MOORE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 211 BANNOCKBURN AVENUE		Amount of Each Disbursement this Period 1000.00
City TAMPA State FL Zip Code 33617	Purpose of Disbursement WEB SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I21
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>B. MELISSA A. MOORE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 211 BANNOCKBURN AVENUE		Amount of Each Disbursement this Period 180.00
City TAMPA State FL Zip Code 33617	Purpose of Disbursement WEB SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MELISSA A. MOORE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 211 BANNOCKBURN AVENUE		Amount of Each Disbursement this Period 750.00
City TAMPA State FL Zip Code 33617	Purpose of Disbursement WEB SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1930.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24		
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. OLIVIA OUTMEZGUINE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 105 SIENA OAKS CIR W		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.11</b>
City PALM BEACH GARDENS	State FL	
Zip Code 34997	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JOHN M. ZUCARRELLI III</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 2411 SE TAILWINDS RD		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.211</b>
City JUPITER	State FL	
Zip Code 33478-	Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BLONDIES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 181 U.S. 1		Amount of Each Disbursement this Period 56.10 <b>Transaction ID : SB17.116</b>
City TEQUESTA	State FL	
Zip Code 33469	Purpose of Disbursement FOOD/BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4056.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24			
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. CINDERELLE MARKETING</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014		
Mailing Address 999 SW 31ST STREET			Amount of Each Disbursement this Period 31.80		
City PALM CITY	State FL	Zip Code 34990	Transaction ID : SB17.I6		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type			
Candidate Name					
Office Sought:	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>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014		
Mailing Address 1593 SPRING HILL RD SUITE 400			Amount of Each Disbursement this Period 400.00		
City TYSONS CORNER	State VA	Zip Code 22182-2245	Transaction ID : SB17.I28		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014		
Mailing Address 1593 SPRING HILL RD SUITE 400			Amount of Each Disbursement this Period 400.00		
City TYSONS CORNER	State VA	Zip Code 22182-2245	Transaction ID : SB17.I42		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	831.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 19 / 2014</b>
Mailing Address <b>1601 WILLOW ROAD</b>		Amount of Each Disbursement this Period <b>50.01</b> <b>Transaction ID : SB17.I35</b>
City <b>MENLO PARK</b>	State <b>CA</b>	
Zip Code <b>94025</b>	Purpose of Disbursement <b>ADVERTISING</b>	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>B. FACEBOOK INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 26 / 2014</b>
Mailing Address <b>1601 WILLOW ROAD</b>		Amount of Each Disbursement this Period <b>26.43</b> <b>Transaction ID : SB17.I36</b>
City <b>MENLO PARK</b>	State <b>CA</b>	
Zip Code <b>94025</b>	Purpose of Disbursement <b>ADVERTISING</b>	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 28 / 2014</b>
Mailing Address <b>1601 WILLOW ROAD</b>		Amount of Each Disbursement this Period <b>50.00</b> <b>Transaction ID : SB17.I38</b>
City <b>MENLO PARK</b>	State <b>CA</b>	
Zip Code <b>94025</b>	Purpose of Disbursement <b>ADVERTISING</b>	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>126.44</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24			
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.00
City	State Zip Code	
Purpose of Disbursement SHIPPING	Category/ Type	<b>Transaction ID : SB17.I8</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FIRST CITIZENS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address BOX 27131		Amount of Each Disbursement this Period 35.00
City	State Zip Code RALEIGH NC 27611	
Purpose of Disbursement BANK FEE	Category/ Type	<b>Transaction ID : SB17.I19</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FIRST CITIZENS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address BOX 27131		Amount of Each Disbursement this Period 3.00
City	State Zip Code RALEIGH NC 27611	
Purpose of Disbursement BANK FEE	Category/ Type	<b>Transaction ID : SB17.I25</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	73.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24			
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. FIRST CITIZENS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address <b>BOX 27131</b>		Amount of Each Disbursement this Period 3.00 <b>Transaction ID : SB17.I40</b>
City <b>RALEIGH</b>	State <b>NC</b>	
Zip Code <b>27611</b>	Purpose of Disbursement <b>BANK FEE</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FIRST CITIZENS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address <b>BOX 27131</b>		Amount of Each Disbursement this Period 3.00 <b>Transaction ID : SB17.I9</b>
City <b>RALEIGH</b>	State <b>NC</b>	
Zip Code <b>27611</b>	Purpose of Disbursement <b>BANK FEE</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GROVE DOCK BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address <b>4745 SE DESOTO AVE</b>		Amount of Each Disbursement this Period 4.00 <b>Transaction ID : SB17.I30</b>
City <b>STUART</b>	State <b>FL</b>	
Zip Code <b>34997-6809</b>	Purpose of Disbursement <b>FOOD/BEVERAGE</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 24	
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. HARLAND CLARKE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 10931 LAUREATE DRIVE			Amount of Each Disbursement this Period 41.52	
City SAN ANTONIO	State TX	Zip Code 78249	Transaction ID : SB17.I39	
Purpose of Disbursement PRINTING		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>B. HARLAND CLARKE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address 10931 LAUREATE DRIVE			Amount of Each Disbursement this Period 54.01	
City SAN ANTONIO	State TX	Zip Code 78249	Transaction ID : SB17.I7	
Purpose of Disbursement PRINTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MARTIN COUNTY FAIR ASSOCIATION</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014	
Mailing Address 2616 SE DIXIE HWY			Amount of Each Disbursement this Period 425.00	
City STUART	State FL	Zip Code 34996-4007	Transaction ID : SB17.I15	
Purpose of Disbursement FACILITY RENTAL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	520.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 24	
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARTIN COUNTY POLITICAL LEADERSHIP COUNCIL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2014</b>
Mailing Address <b>3201 SE COURT DR.</b>		Amount of Each Disbursement this Period <b>120.00</b> <b>Transaction ID : SB17.I18</b>
City <b>STUART</b> State <b>FL</b> Zip Code <b>34997</b>	Purpose of Disbursement <b>REGISTRATION FEE</b>	
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>B. MICROW GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 25 / 2014</b>
Mailing Address <b>BOX 4595</b>		Amount of Each Disbursement this Period <b>169.60</b> <b>Transaction ID : SB17.I10</b>
City <b>TEQUESTA</b> State <b>FL</b> Zip Code <b>33469</b>	Purpose of Disbursement <b>PRINTING</b>	
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>C. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 27 / 2014</b>
Mailing Address <b>1601 S. FEDERAL HWY</b>		Amount of Each Disbursement this Period <b>5.00</b> <b>Transaction ID : SB17.I22</b>
City <b>STUART</b> State <b>FL</b> Zip Code <b>34994</b>	Purpose of Disbursement <b>TRAVEL</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>294.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24			
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE JACOB PERRY GROUP LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 801 SE JOHNSON AVE #635		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.I14</b>
City STUART State FL Zip Code 34995	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
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>B. THE JACOB PERRY GROUP LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 801 SE JOHNSON AVE #635		Amount of Each Disbursement this Period 160.00 <b>Transaction ID : SB17.I17</b>
City STUART State FL Zip Code 34995	Purpose of Disbursement PETTY CASH ACCOUNT	
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>C. THE JACOB PERRY GROUP LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 801 SE JOHNSON AVE #635		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.I2</b>
City STUART State FL Zip Code 34995	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3160.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24			
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial)  
**A. THE JACOB PERRY GROUP LLC**

Mailing Address 801 SE JOHNSON AVE #635

City STUART State FL Zip Code 34995

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 24 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.I3

Full Name (Last, First, Middle Initial)  
**B. THE JACOB PERRY GROUP LLC**

Mailing Address 801 SE JOHNSON AVE #635

City STUART State FL Zip Code 34995

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 17 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.I4

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

Mailing Address 95 HAYDEN AVE

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 14 / 2014

Amount of Each Disbursement this Period: 34.61

Transaction ID : SB17.I33

**SUBTOTAL** of Disbursements This Page (optional)..... 5534.61

**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 20 OF 24	
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. VISTAPRINT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 95 HAYDEN AVE		Amount of Each Disbursement this Period 62.35
City LEXINGTON	State MA	
Zip Code 02421	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I37
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>B. MARTIN COUNTY REPUBLICAN EXECUTIVE COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 1111 SE FEDERAL HWY		Amount of Each Disbursement this Period 135.00
City STUART	State FL	
Zip Code 34994	Purpose of Disbursement LINCOLN DAY DINNER	Transaction ID : SB17.I41
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	197.35
<b>TOTAL</b> This Period (last page this line number only).....	16734.43

**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 21 OF 24	
	<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)  
**Calvin D. Turnquest for Congress**

Full Name (Last, First, Middle Initial) <b>A. Calvin Turnquest</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 10 Tall Oaks Circle		Amount of Each Disbursement this Period 10000.00
City Tequesta State FL Zip Code 33479	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type 009	Transaction ID : CT01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

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

NAME OF COMMITTEE (In Full) **Calvin D. Turnquest for Congress** Transaction ID : **SC/10.4104**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Calvin Deon Turnquest</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 10 Tall Oaks Circle		

City	State	ZIP Code
Tequesta	FL	33469

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	10000.00	0.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 23 / Y 2013	M 01 / D 01 / Y 2014			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ] 0.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Calvin D. Turnquest for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Melissa Moore**

Mailing Address 211 Bannockburn Avenue

City State Zip Code  
Tampa FL 33617

Nature of Debt (Purpose):  
Unpaid Fee

Outstanding Balance Beginning This Period  **Transaction ID : MM01**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Intrepid Media LLC**

Mailing Address 210 Mill Branch Road

City State Zip Code  
Tallahassee FL 32312

Nature of Debt (Purpose):  
Unpaid Invoice

Outstanding Balance Beginning This Period  **Transaction ID : IM001**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**KB Strategic Group**

Mailing Address PO Box 101682

City State Zip Code  
Arlington VA 22201

Nature of Debt (Purpose):  
Unpaid Invoice

Outstanding Balance Beginning This Period  **Transaction ID : CT001**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="12150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Calvin D. Turnquest for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Jacob Perry Group LLC**

Mailing Address 801 Johnson Ave  
 #635

City State Zip Code  
 Stuart FL 34995-0635

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	<b>Transaction ID : JPG01</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
13500.00	0.00	13500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	13500.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	25650.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	25650.00