2015-07-06-08-00005457

FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 JUL -6 AM II: 22 Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, ty er the lines.	/pe 1:	2 F E 4M 5	
Matiti Flore Co	ong neisisi	154-11	• • • • • • • • • • • • • • • • • • •			
				<u> </u>		بسيين
ADDRESS (number and street)	1,6,0,1,8, 4	1,7,1,5,0,	7. 18.1.110			
Check if different than previously reported. (ACC)	Maisiairiyi	etions		F	<u> </u>	0.41-
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲	· · · · · · · · · · · · · · · · · · ·	STA	<u>ге</u> ▲	ZIP CODE A STATE ▼ DISTRICT
C 005430	09 3.	IS THIS REPORT	X NEW	OR ·	AMENDED (A)	FLI LIJ
4. TYPE OF REPORT (Cr (a) Quarterly Reports:	oose One) (b)	12-Day PRE	-Election Report fo	or the:	General (12G)	Runoff (12R)
April 15 Quarterly			Convention (12C)	··.)	Special (12S)	nulluli (12n)
October 15 Quarte		Election on	M M / D	D / Y	Y Y Y	in the State of
January 31 Year-Ei	nd Report (YE) (c)	30-Day POS	T-Election Report	for the:		
•	·		General (30G)		Runoff (30R)	Special (30S)
Termination Report	(TER)	Election on	M M / D	D / Y	Y Y Y	in the State of
5. Covering Period 0	· · · · · ·	Ď Ĭ Š	through	-		j 5
Type or Print Name of Treasure	$- M \cup C$	chracken	1			
Signature of Treasurer	hat Sah	rendley		_ Date	06'3	0 2015
NOTE: Submission of false, erron	eous, or incomplete Inf	formation may	subject the person	signing this	Report to the pena	lities of 2 U.S.C. §437g.
Office Use					FE	C FORM 3

SUMMARY PAGE

of Receipts and Disbursements

Page 2

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Math For Congress FL-11

Report Covering the Period:

From:

09'01'2015

To: 06/30/Adl'S

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	, ,490,00	1,265.69
(b) Total Contribution Refunds (from Line 20(d))	0.00	000
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, , , , , , , 90.00	1266.69
Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, , , , , , 263,47	,9.70,06
(b) Total Offsets to Operating Expenditures (from Line 14)	D.O.O.	
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, ,263,47	970,06
Cash on Hand at Close of Reporting Period (from Line 27)	,380,00	
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	 (a) Total Contributions (other than loans) (from Line 11(e)) (b) Total Contribution Refunds (from Line 20(d))	Net Contributions (other than loans) (a) Total Contributions (other than loans) (from Line 11(e)) , , , , , , , , , , , , , , , , ,

For further information contact:

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

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

ESANO18

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

Matt For Congress FL-11

Report Covering the Period:

From:

04 09 2015

To: 06'30'2 0'15

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)	, ,393.00	,523.00
٠	(ii) Unitemized	, (567.00 , 46.6.00	, 117.00
	(b) Political Party Committees	, , , 0.00 , , , 0.00	, , , , , , , , , , , , , , , , , , ,
	(d) The Candidate	, ,490.00	1,265.69
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	, 0.00	
13.	LOANS: (a) Made or Guaranteed by the Candidate	, , 0.00 , , 0.00 , 0.00	, , , , , , , , , , , , , , , , , , ,
14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	, , 0.00	
	OTHER RECEIPTS (Dividends, Interest, etc.)	, , , , , , , , , , , , , , , , , , , ,	Q00
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	, 49600	, 1,265.69

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DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Disbursements

bursements Page 4

II. DISBURSEMENTS		DISBURSEMENTS COLUMN A Total This Period		
· 17.	OPERATING EXPENDITURES	, , , , , , , , , , , , , , , , , , , ,	, ,870.06	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, D.o.o		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	, 0,00 , 0,00 , 0,00	0.00 0.00	
20.	(add Lines 19(a) and (b)) REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	, , , , , , , , , , , , , , , , , , ,	0,00	
	(b) Political Party Committees (c) Other Political Committees (such as PACs)	, , , O.O O , O.O O	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	, , , , , , , , , , , , , , , , , , ,	0.00	
21.	OTHER DISBURSEMENTS	, 15.63	, 15,63	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	, , २६९.५०	, ,885,69	
_	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	, , , , , , , , 69.10	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	, , , , , , , , , , , , , , , , , , , ,	
25.	SUBTOTAL (add Line 23 and Line 24)		, 659.10	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	, ,279.10	
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	, 390,00	

FE5AN018

SCHEDULE A	(FEC	Form	3)
ITEMIZED REC	EIPTS	3	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE / OF 5 (check only one) 11a
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) CONSIC.	ss FL-11	
Full Name (Last, First, Middle Initial) A. Schnecken Den Den ixe Mailling Address 158 S Kensins for Ave City State Lecang FL	Zip Code 3 4 46/	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Occupation		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) Election C)	vole-to-Date	
Full Name (Last, First, Middle Initial) B. Schnackaborg, Alfred, W Malling Address 60(6 (Vilson Bl.) City Wasaryhown State	Zip Code 34604	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Occupation		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	7cle-to-Date 33.00	
Full Name (Last, First, Middle Initial) C. Okt), Cyhthia Malling Address State Spring Hill FL	Zip Code 34604	Date of Receipt
FEC 10 number of contributing federal political committee. C Name of Employer Occupation	. ~	Amount of Each Receipt this Period
	s Owner role-to-Date 40.00	1
SUBTOTAL of Receipts This Page (optional)		\$ 83.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Any Information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	FC-11	
A. Borden, Venezia Mailing Address Job Bon bwy Lh City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	<i>H_ 34604</i> C	Amount of Each Receipt this Period
Name of Employer Verice Winders Receipt For: Primary General Other (specify)	Occupation Tech Support Lead Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) B. Van ovese, Kent Mailing Address 5530 Alderwood St City Brooks ville	State Zin Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	C	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Flection Cycle-to-Date 5 20,00	
Full Name (Lest, First, Middle Initial) C. Malling Address [O] Candled Isphale Brooks when PC	B IVI State Zip Code 34661	Date of Receipt OF A OF
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Occupation Bes 1255 Cwer Election Cycle-to-Date 2000	2000
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	140,00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 5

(check only one)

11a 11b 11c 11d

12 13a 13b 14 11

ITEMIZED RECEIPTS	Detailed Summary Page	11a	11b	11c	11d .	15
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NAME OF COMMITTEE (In Full) Maff For Congress FL	~1					
Full Name (Last, First, Middle Initial) A. Recuro, Oman Mailing Address Dold Plunkelt St City II II. State	Zip Code	Date of		5 /a	ŏ ĭ Š	
FEC ID number of contributing federal political committee.	330 90	Amount	of Each Re	eceipt this		
Name of Employer Cocupation Civit Receipt For: Primary General Other (specify) Cocupation Civit	-	7			20.00)
Full Name (Last, First, Middle Initial) B. LeDout: 50050 Mailing Address 699 PGA Blud CityMe borne State	Zin Code 2 9 3 ©	Date of		/ à	δÍŠ	
FEC ID number of contributing federal political committee. Name of Employer Occupation		Amount	of Each Ro	ecelpt this	s Period	0
Retired Ketine	rcle-to-Date			•	, , ,	
Full Name (Last, First, Middle Initial) C. Subboda, Deana Mailing Address Theshill Drive State Tampa	33624	Date of (•	/2	*0*1 *5	
FEC ID number of contributing federal political committee.		Amount	of Each Re	eceipt this	Period	
Name of Employer Occupation 4 c d i d d d d d d d d d d d d d d d d d	· 84	 	¥ .		/ 5.0 c	>
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		-	: .	,4	5.00	0

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF 5

(check only one)

11a 11b 11c 11d

12 13a 13b 14

ITEMIZED RECEIPTS	Detailed Summary Page	11a 11b 11c 11d 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	FL-11	
Full Name (Last, First, Middle Initial) A. Sull len , Martin Mailing Address City State Frest proof		Date of Receipt
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	ation sites Man on Cycle-to-Date 20,00	
Full Name (Last, First, Middle Initial) B. Jensen James Mailing Address W807 Kuralei State	E Zip Code	Date of Receipt 06/06/2015
C C C C C C C C C C		Amount of Each Receipt this Period 20,00
Full Name (Last, First, Middle Initial) C. Leau'th, Dav'd Mailing Address 1000 Like port Cove City State FEC ID number of contributing federal political committee.	zip Code 3275	Date of Receipt 0 6 / 0 6 / 2 0) 5 Agnount of Each Receipt this Period
	ation N'S Ounce On Cycle-to-Date	30.00
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	\$ 70.00
TOTAL This Period (last page this line number only)		<u> </u>

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 OF 5 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 11d
Any information copied from such Reports and State		erson for the purpose of soliciting contributions
or for commercial purposes, other than using the na	me and address of any political committee	e to solicit contributions from such committee.
	es FL-11	
Full Name (Last, First, Middle Initial) A. Leguett, James Malling Address S. Shackowbay	Blul	Date of Receipt 06/06/2015
Long wood	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	ecupation Activist	5.00
Receipt For: Primary General Other (specify)	ection Cycle-to-Date	
B. Malling Address		Date of Receipt 06/06/2015
City Tano	State Zip Code	106/06/2015
FEC ID number of contributing federal political committee.	0	Amount of Each Receipt this Period
Name of Employer Och Com Dish Therepy	Scupation Clinical Consulted	50.00
	ection Cycle-to-Date	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		N W 1 D D 1 A A A A
City	State Zip Code	
FEC ID number of contributing federal political committee.	2	Amount of Each Receipt this Period
Name of Employer Oc	ccupation	
Receipt For: Primary General Other (specify)	ection Cycle-to-Date	
		\$ 1500
SUBTOTAL of Receipts This Page (optional)		7 393An
TOTAL This Period (last page this line number only)	***************************************	V - 190

SCHEDULE A (FEC Form 3)

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	Detailed Summary Page	11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and State or for commercial purposes, other than using the r	nternents may not be sold or used by any p name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOST FOR CONGRESS P	-(-))	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	l reger in consensation in the consensation
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Occupation	, ,
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	Ç ,	Amount of Each Receipt this Period
Name of Employer	Occupation	j
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	11d
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any paddress of any political committee	person for the purpose of soliciting	g contributions
NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial)		Solicit Commissions from Sale	committee.
A. Mailing Address		Date of Receipt	A A A A
City State	Zip Code	<u> </u>	
FEC ID number of contributing federal political committee.		Amount of Each Receipt thi	s Period
Name of Employer Occupation	on	*	
Receipt For: Election (Primary General Other (specify)	Cycle-to-Date		
Full Name (Last, First, Middle Initial)		Date of Receipt	<u> </u>
Mailing Address		68 M 7 D D 7 W	Y Y Y
City State	Zip Code		
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Name of Employer Occupation	on	÷ .	
Receipt For: Election (Primary General Other (specify)	Cycle-to-Date		
Full Name (Last, First, Middle Initial)		Date of Receipt	· ·
Mailing Address		27 63 7 9 0 . 7	y. y 'y
City State	Zip Code		· ·
FEC ID number of contributing federal political committee.		Amount of Each Receipt this	s Period
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Receipt For: Primary General Other (specify)	Cycle-to-Date		·
SUBTOTAL of Receipts This Page (optional)			0.00
TOTAL This Period (last page this line number only)		, ,	0.00

SCHEDULE A	(FEC Form	3)
ITEMIZED REG	CEIPTS	

SCHEDULE A (FEC Form 3)	Use separate schedule(s) for each category of the	(check only one)			
ITEMIZED RECEIPTS	Detailed Summary Page	11a 11b 11c 11d 11d 12 13a 13b 14 15			
Any Information copied from such Reports and Statements m or for commercial purposes, other than using the name and a					
NAME OF COMMITTEE (In Full) Mat For Congrus 1	=L-11				
Full Name (Last, First, Middle Initial) A. Sthrackenbers, Mathew, Mailing Address (60 18 Wilson Blud City Mass and First.	Zip Code 3 46 04	Date of Receipt			
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period			
Receipt For: Primary Occupation General Other (specify)	. 1	\$ 30,00			
Full Name (Last, First, Middle Initial)	65571				
B. Malling Address		Date of Receipt			
City State	Zip Code	-			
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period			
Name of Employer Occupation					
Receipt For: Election Cy Primary General Other (specify)	rcle-to-Date				
Full Name (Last, First, Middle Initial)		Date of Receipt			
C. Mailing Address	· · · · · · · · · · · · · · · · · · ·	11 %) 9 0 V Y Y Y			
City State	Zip Code				
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period			
Name of Employer Occupation	· · · · · · · · · · · · · · · · · · ·	, a			
Receipt For: Election Cy Primary General Other (specify)	cle-to-Date				
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SUBTOTAL of Receipts This Page (optional)	30,00				
TOTAL This Period (last page this line number only)		30,00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE OF / (check only one) 11a 11b 11c 11d 11d 12 13a 13b 14 15	
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any and address of any political committee	person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF GOMMITTIES (IN FUIL) ONG 185	, FL-11	
Full Name (Last, First, Middle Initial)	•	
Mailing Address	., 	Date of Receipt
City State	Zip Code	_
FEC ID number of contributing federal political committee.	1	Amount of Each Receipt this Period
Name of Employer - Occupati	on	* * *
Primary General	Cycle-to-Date	
Other (specify)	\$	
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		GARLES OF DESTRUCTION OF THE STATE OF THE ST
City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		27 A) 7 5 6 . Y Y Y Y
City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupati	on	4 4
Primary General	Cycle-to-Date	
Other (specify)	3	
SUBTOTAL of Receipts This Page (optional)		0.00
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ITI	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF / (check only one) 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements ne name and	nay not be sold or used by any paddress of any political committed	person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	ress F	L-11	
_	Full Name (Last, First, Middle Initial)			
A.	Mailing Address			Date of Receipt M M / D D / Y Y Y Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	5 · · · · 9
	Receipt For: Primary General Other (specify)	Election C	Cycle-to-Date	
Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·	Date of Receipt	
В.	Mailing Address			M M / D D / Y Y Y
	City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	, ,
	Receipt For: Primary General Other (specify)	Election C	cycle-to-Date	
_	Full Name (Last, First, Middle Initial)		, , ,	
C.			· .	Date of Receipt
	Mailing Address	·		M M / D D / Y Y Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	j. j
	Receipt For: Primary General Other (specify)	Election C	Cycle-to-Date	
s	UBTOTAL of Receipts This Page (optional)			, 0,00

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

0,00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS Any Information copied from such Reports and States	Use separate schedule(s) for each category of the Detailed Summary Page nents may not be sold or used by any p	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 11d 11d 12 13a 13b 14 15 erson for the purpose of soliciting contributions
or for commercial purposes, other than using the name	s S FC-II	e to solicit contributions from such committee.
Mailing Address	tate Zip Code	Date of Receipt M M / D D / Y Y Y Y
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	ction Cycle-to-Date	, , ,
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt M M / D D / Y Y Y Y
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	ction Cycle-to-Date	, ,
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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	ents may not be sold or used by any parts and address of any political committee	person for the purpose of soliciting contributions are to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MA H TO CONGRES Full Name (Last, First, Middle Initial)	5 FL-11	
		Date of Receipt
Mailing Address		. M M / D D / Y Y Y
City Sta	te Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occu	pation ,	, ,
Receipt For: Primary General Other (specify)	don Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
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City Sta	te Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occu	pation	, ,
Receipt For: Primary General Other (specify)	ion Cycle-to-Date	
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	
Malling Address		Date of Receipt .
Mailing Address City Sta	te Zip Code	M M / D D / Y Y Y
	Lip Gode	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occu	pation	, ,
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SCHEDULE A (FEC Form 3)

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b **ITEMIZED RECEIPTS** Detailed Summary Page 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. congress Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Malling Address City. State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date **Primary** General Other (specify)

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

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

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SCHEDULE B (FEC Form 3)	Use separate schedule(s)	(check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	ay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wat For (ongress)		
Full Name (Last, First, Middle Initial) A. Malling Address Q 10 District Ave State	Zip Code	Date of Disbursement Date of Disbursement Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name Chua (Lubers Office Sought: House Disbursement For Senate Primary President Other (s	General	•
Full Name (Last, First, Middle Initial) B. Sauge Tuc Mailing Address 1455 Market Street Suis		Date of Disbursement M M / D D / Y Y Y
City State City Purpose of Disbursement Co (Ciscing Fees Candidate Name	Zip Code 91/03 Category Type	Amount of Each Disbursement this Period , , , , , , , , , , , , , , , , , , ,
Office Sought: House Disbursement For Senate Primary Other (s	General	
Full Name (Last, First, Middle Initial) C. US Store Mailing Address 1439 Secure Hill Dr.		Date of Disbursement
Purpose of Diabursement Pocument Shaping Candidate Name	P Code Y 6 0 9 Category Type	Amount of Each Disbursement this Period , , , , , 5 7
Office Sought: House Disbursement For Senate Primary President Other (s	General	
SUBTOTAL of Disbursements This Page (optional)		, 263.47
TOTAL This Period (last page this line number only)		263.47

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sched		only one)	EH: [19a		
	Detailed Summary I	Page		20a	20b	20c	21
Any Information copied from such Reports and Statements m or for commercial purposes, other than using the name and	nay not be sold or use address of any politica	ed by any al committ	person for	or the purplicit contrib	oose of sol outions from	iciting con n such cor	tributions nmittee.
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate scl for each categor Detailed Summar	y of the	FOR LINE NUMBER: PAGE OF (check only one) 17 18 19a 19b 20a 20b 20c 21	
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or	for commercial purposes, other than using the name and	address of any politica	al committ	ee to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full)	ngres F	6-11	
	Full Name (Last, First, Middle Initial)			Date of Disbursement
۱.				M M / D D / Y Y Y
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	City State	Zip Code		Amount of Each Disbursement this Period
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	Office Sought: House Disbursement Formation Senate President Other			
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	Candidate Name		Category/ Type	,
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	Candidate Name		Category/ Type	
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	Senate Primar President Other	y General (specify)		
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NAME OF COMMITTEE (In Full)	e and address of any political	a committee	to solicit contributions from soon committee.					
	igns FL-11		<u>.</u>					
Full Name (Last, First, Middle Initial)	, , , , , , , , , , , , , , , , , , , 							
A			Date of Disbursement					
Mailing Address								
City	ate Zip Code		Amount of Each Disbursement this Period					
Purpose of Disbursement			, ,					
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President	Other (specify)							
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\setminus	NAME OF COMMITTEE (In Full) Or Congress FL Full Name (Last First Middle Initial)	-11					
Α.	Full Name (Last, First, Middle Initial)			Date of Disbursement			
	Mailing Address			M M / D D / Y Y Y			
٠	City State	Zip Code		Amount of Each Disbursement this Period			
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ţ	Candidate Name		Category Type	<u>'</u>			
	Office Sought: House Disbursement For Senate Primary President Other	 ·					
_	State: District: Full Name (Last, First, Middle Initial)	***************************************					
В.				Date of Disbursement			
	Mailing Address			M M / D D / Y Y Y			
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by any and address of any political committed	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ss FL-11	
Matt for longro	SSIVII	·
Full Name (Last, First, Middle Initial)		
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Candidate Name	Category	<i>,</i>
	Туре	
Office Sought: House Disbursem		
	rimary General . Other (specify)	
State: District:	The (Specify)	
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Candidate Name	Category	,
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Ar or	ly information copied from such Reports and Statements m for commercial purposes, other than using the name and i	nay not be sold or address of any poli	used by any tical committ	person for ee to sol	or the pur icit contrib	oose of soutions fro	oliciting co om such c	ontribo ommi	rtions ttee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
/	Mat For Congress FC -	-							
	Full Name (Last, First, Middle Initial)								
١.	•			Da	te of Dist	ursement			
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	Mailing Address			1		-	÷ *		
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	·			.	,		1 . * *		
	Candidate Name	-	Category	,		•			
			Туре						
	Office Sought: House Disbursement For Senate Primary							•	
	Senate Primary President Other (s			1.					
	State: District:	pecity/							
	Full Name (Last, First, Middle Initial)								
3.				Da	ate of Dist	oursement	:		
	Mailing Address			─ '	4 M /	D D	/ Y Y	Y	Y
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	City State	Zip Code		Аг	nount of E	ach Disb	ursement	this P	eriod
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	Candidate Name		0-1	,					
			Category, Type						
	Office Sought: House Disbursement For								
	Senate Primary	1 1		İ					
	President Other (s	specify)							
	State: District:								
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	Candidate Name	·	Category	,					
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	Senate Primary								
	President Other (s	specify)							
	State: District:								
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CHEDULE C (FEC	Form 3)		Use separate sch	edule(s)	PAGE FOR LINE NUM	
DANS			for each category Detailed Summan		(check only one	
AME OF COMMITTEE (In Fu	ton Lo,	nerss Fl	L-11			
LOAN SOURCE Full Nam	e (Last, First, Mid	ddle Initial)		Ele	ction: Primary General	. •
Mailing Address		-			Other (specify)	,
City		State ZIP Co	ode		·	• ,
Original Amount of Loan		Cumulative Payment To	o Date	Balance	Outstanding at Cl	ose of This Perio
, ,		,	ý ·		.	
TERMS		Date Due	Interest	Poto		Secured:
Date Incurre мм/ ססס / ץ		M M / D D / Y		nate	% (apr)	Yes N
List All Endorsers or Gua	rantors (if any) t	o Loan Source				<u> </u>
1. Full Name (Last, First,	Middle Initial)		Name of Employer			
Mailing Address			Occupation			 -
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	٠, •	1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. •
2. Full Name (Last, First, N	Middle Initial)	,	Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	. ,	.	6
3. Full Name (Last, First, I	Middle Initial)		Name of Employer		1	
Mailing Address			Occupation		•	
		· · · · · · · · · · · · · · · · · · ·	Amount		· ·	
City	State	ZIP Code	Guaranteed Outstanding:	,	,	
4. Full Name (Last, First, I	Middle Initial)		Name of Employer			· · · · ·
Mailing Address			Occupation		-	
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	. 3	5 . •	•
SUBTOTALS This Period This	s Page (optional)					0 00
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE FOR LINE NUMBER: (check only one)

	13a
\mathcal{F}	13b

OF

A.10			Detailed Summar	y Page	₹ 13
ME OF COMMITTEE (In Full)	or long,	ress Fl-	- 11		
LOAN SOURCE Full Name	(Last, First, Middle	Initial)		Election: Primary General	
Mailing Address					specify) 🔻
City	Sta	ate ZIP	Code		
Original Amount of Loan	C	umulative Paymen	t To Date	Balance Outstand	ling at Close of This Pe
j j	•	,	· • • · · · · · · · · · · · · · · · · ·	y '	3
TERMS Date Incurred		Date I		t Rate	Secured:
M M / D D / Y	Y Y Y M	M / D D /	Y Y Y Y	. %(apr)
ist All Endorsers or Guara	antors (if any) to L	oan Source .			
1. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
·		<u></u>	Amount	· · · · · · .	
City	State 2	ZIP Code	Guaranteed Outstanding:	· • • • • • • • • • • • • • • • • • • •	•
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
			Amount		A Table 1
City	State	ZIP Code	Guaranteed Outstanding:	9 mg	• · · · · · · · · · · · · · · · · · · ·
3. Full Name (Last, First, Mi	iddle Initial)		Name of Employer		
Mailing Address	· ·		Occupation		
		· 	Amount		
City	State	ZIP Code	Guaranteed Outstanding:	, y ` · ·	9 ···
1. Full Name (Last, First, Mi	iddle Initial)		Name of Employer		
Mailing Address			Occupation		<u> </u>
•			Amount		
City	State	ZIP Code	Guaranteed Outstanding:	5 ··· .	5 5 - 1
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rry outstanding balance onl	y to LINE 3, Schedu	le D, for this line	e. If no Schedule D, carry	y forward to appro	opriate line of Summar

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463	MDING INSTITUTIONS	<u> </u>	age of Schedule C		
NAME OF COMMITTEE (In Full)		FEC IDE	NTIFICATION NUMBER		
Mat for Congress FL-1	1	C	·		
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)		
Full Name					
	, ,	• .	. %		
Mailing Address	Date Incurred or Established	M M /	D D / Y Y Y Y		
City State Zip Code	Date Due	M M /			
A. Has loan been restructured? No Yes	If yes, date originally incurred	м м /	Y Y Y Y		
B. If line of credit,	Total				
	Outstanding				
Amount of this Draw:	. Balance:	3.5	, • • •		
C. Are other parties secondarily liable for the debt incum	red? ust be reported on Schedule C.)				
D. Are any of the following pledged as collateral for the		hat is the value	e of this collateral?		
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	f deposit, chattel papers, r similar traditional collateral?	,	have a perfected security No Yes		
E. Are any future contributions or future receipts of interection collateral for the loan? No Yes If yes, s		What is the esting			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:				
•	Address:				
Date account established:	·				
	City, State, Zip:				
F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which the state of the loan amount, state the basis upon which the state of the loan amount, state the basis upon which the state of the loan amount, state the basis upon which the loan amount is the loan amount.					
G. COMMITTEE TREASURER		DATE			
Typed Name		DATE M M /	D D / Y Y Y Y		
Signature		m· m /	0 / Y Y Y Y		
H. Attach a signed copy of the loan agreement.					
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above. The loan was made on terms and conditions (incoming similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	cluding interest rate) no more favor from parable credit worthiness.	orable at the tin	ne than those imposed for		
complied with the requirements set forth at 11 C	CFR 100.82 and 100.142 in makin	g this loan.	·		
AUTHORIZED REPRESENTATIVE		DATE			
Typed Name	4.	M M /	р р / у у у '		
Signature Titl	le .				

SCHEDULE D (FEC Form 3)		separate	PAGE	OF)
		nedule(s) or each	FOR LINE NUMB (check only one)	ER:
cluding Loans		pered line)	,	10
AME OF COMMITTEE (ID Full) Mat For Congress FL-11				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
Mailing Address				
City State Zip Code				
Outstanding Balance Beginning This Period		·		
	•			
Amount Incurred This Period Payment This Period		Outstandi	ng Balance at Clos	e of This Perio
, ,	•		-9	. •
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
Mailing Address				
City State Zip Code			•	
Amount Incurred This Period Payment This Period		Outstandi	ng Balance at Clos	e of This Perio
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor				
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of L	ebt (Purpose):	
Mailing Address				
City State Zip Code				
Outstanding Balance Beginning This Period		'		
, , ,				
Amount Incurred This Period Payment This Period		Outstandi	ng Balance at Clos	e of This Perio
j j j ,			,	i .
) SUBTOTALS This Period This Page (optional)	>		, ,	0,00
TOTALS This Period (last page this line number only)	>		, ,	0,00
TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>		, ,	0.00
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page	e only) ►		•	

SCHEDULE D	(FEC Form 3)
DEBTS AND O	BLIGATIONS

(Use separate

	9
X	10

E	BTS AND OBLIGATIONS	fo	r each	(check only one	
	luding Loans	numi	pered line)		X 10
NA	ME OF COMMITTEE (In Full) A For Congress FC-11				·
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
	Mailing Address				
İ	City State Zip Code				•
ļ		·			
i	Outstanding Balance Beginning This Perlod				
	, ·				•
	Amount Incurred This Period Payment This Period		Outstandi	ng Balance at Clo	se of This Period
	j j <u>*</u> j, j *			j . j.	•
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
	Malling Address				
	City State Zip Code				
	Outstanding Release Peginning This Pedad				·
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	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
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	Amount Incurred This Period Payment This Period		Outstandi	ng Balance at Clo	se of This Period
	, , , , ,			و . و	
41	SUBTOTALS This Period This Page (optional)	•		÷	0,00
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2)	TOTALS This Period (last page this line number only)	▶		,	0.00
6 1	TOTAL OUTSTANDING LOANS for Colored to Colored	· •			0,00
J)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		•	* * * * * * * * * * * * * * * * * * *	0,00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

2015 11 - 1 10 11 8 22

MATTHEW SCHNACKENBERG (352) 232-1126 THE UPS STORE #5519 14391 SPRING HILL DR SPRING HILL FL 34609-8199

1 LBS 1 OF 1 SHP WT: 1 LBS DATE: 30 JUN 2015

SHIP FEDERAL ELECTION COMMISSION TO: 999 E ST NW

WASHINGTON DC 20463-0001



MD 201 9-83



UPS GROUND

TRACKING #: 1Z 75Y E80 03 8042 3217



BILLING: P/P

REF #1: SH

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[204]

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No Postmark	
Overnight Delivery Service (Specify): UPS	Shipping Date
Next Bu	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	e of Receipt or Postmarked
MP	7/6/15
(3/2015)	DATE PREPARED