

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

16 JUL 20 AM 9:52 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 TODD WILCOX FOR US SENATE

ADDRESS (number and street) PO BOX 616308 ORLANDO FL 32861

2. FEC IDENTIFICATION NUMBER C C00581504 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, Termination Report (b) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (c) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04/01/2016 through 06/30/2016

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 BRADLEY T CRATE Signature of Treasurer BRADLEY T CRATE Date 07/15/2016

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

201607210200295463

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TODD WILCOX FOR US SENATE

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)) ...	87401.85	526859.97
(b) Total Contribution Refunds (from Line 20(d)) ..	111481.39	116186.39
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	-24079.54	410673.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	370476.57	722201.40
(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)) ...	370476.57	722201.40
8. Cash on Hand at Close of Reporting Period (from Line 27)...	688472.18	
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) ...	1000000.00	

For further information contact:

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

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

201607210200295464

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

TODD WILCOX FOR US SENATE

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

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) ...	75350.00	476307.35
(ii) Unitemized	5312.00	16594.10
(iii) TOTAL of contributions from individuals .	80662.00	492901.45
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	5400.00	5957.70
(d) The Candidate	1339.85	28000.82
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	87401.85	526859.97
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	1000000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	1000000.00
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)...	87401.85	1526859.97

201607210200295465

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	370476.57	722201.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	111081.39	115786.39
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	400.00	400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	111481.39	116186.39
21. OTHER DISBURSEMENTS ..	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	481957.96	838387.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1083028.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	87401.85
25. SUBTOTAL (add Line 23 and Line 24)...	1170430.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	481957.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	688472.18

201607210200295466

**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 11b 11c 11d
 12 13a 13b 14 15

PAGE 5 OF 113

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MR. TODD ANDREW

Mailing Address **2301 MERCATOR DRIVE**

City **ORLANDO** State **FL** Zip Code **32807**

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

Name of Employer **SELF-EMPLOYED** Occupation **GENERAL CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **05 / 03 / 2016**

Transaction ID : **SA11AI.5562**

Amount of Each Receipt this Period **250.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
SHALOM ASAYAG

Mailing Address **139 SWAN AVE.**

City **PLANTATION** State **FL** Zip Code **33324**

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

Name of Employer **S.A.A. CONSULTING, LLC** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **06 / 13 / 2016**

Transaction ID : **SA11AI.5692**

Amount of Each Receipt this Period **1000.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. JOHN D BAKER II

Mailing Address **200 W FORSYTH STREET
7TH FLOOR**

City **JACKSONVILLE** State **FL** Zip Code **32202**

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

Name of Employer **FRP HOLDINGS, INC.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **05 / 12 / 2016**

Transaction ID : **SA11AI.5584**

Amount of Each Receipt this Period **2700.00**

Memo Item

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

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

3950.00

201607210200295467

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. ANTHONY BARBER		Date of Receipt MM / DD / YYYY 06 / 23 / 2016
Mailing Address 6820 S. GRANDE DRIVE		Transaction ID : SA11AI.5723
City BOCA RATON State FL Zip Code 33433	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer BARBAR & ASSOCIATES, LLC	Occupation REAL ESTATE	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) MR. RANI BEN-DAVID		Date of Receipt MM / DD / YYYY 06 / 08 / 2016
Mailing Address 2035 HARDING STREET #200		Transaction ID : SA11AI.5665
City HOLLYWOOD State FL Zip Code 33020	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer SLEEP GROUP SOLUTIONS	Occupation PRESIDENT/FOUNDER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) MS. DEBRA BOELKES		Date of Receipt MM / DD / YYYY 06 / 17 / 2016
Mailing Address 11 SOUND POINT COURT		Transaction ID : SA11AI.5706
City AMELIA ISLAND State FL Zip Code 32034	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	<input type="checkbox"/> Memo Item
Receipt For: 2016 <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).....	1250.00
TOTAL This Period (last page this line number only).....	

201607210200295468

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. MARC BOYLE		Date of Receipt MM / DD / YYYY 04 / 22 / 2016	
Mailing Address 88 CHESTNUT STREET		Transaction ID : SA11AI.5521	
City CONCORD	State MA	Zip Code 01742	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer T.F. BOYLE TRANSPORTATION, INC.	Occupation EXECUTIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

B. Full Name (Last, First, Middle Initial) CHRISTOPHER BROWN		Date of Receipt MM / DD / YYYY 05 / 24 / 2016	
Mailing Address 2457 MIDDLE RIVER DRIVE		Transaction ID : SA11AI.5646	
City FORT LAUDERDALE	State FL	Zip Code 33305	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer C&R MARINE VENTURES, LLC	Occupation OWNER, PRESIDENT, LLC MANAGER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

C. Full Name (Last, First, Middle Initial) MR. RONALD E BUSH		Date of Receipt MM / DD / YYYY 06 / 03 / 2016	
Mailing Address 3312 W. SAN NICHOLAS STREET		Transaction ID : SA11AI.5704	
City TAMPA	State FL	Zip Code 33629	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer BAVOL BUSH GRALIAN AND RICE	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 2250.00
TOTAL This Period (last page this line number only).....	_____

201607210200295469

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. PATRICK CHRISTIANSEN		Date of Receipt <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2016"/>	
Mailing Address 500 IVANHOE PLAZA		Transaction ID : SA11AI.5539	
City ORLANDO	State FL	Zip Code 32804	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="checkbox"/> Memo Item	
Name of Employer AKERMAN LLP	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="1000.00"/>		

B. Full Name (Last, First, Middle Initial) MR. GARY COATES		Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2016"/>	
Mailing Address 2295 NW CORPORATE BLVD. #215		Transaction ID : SA11AI.5732	
City BOCA RATON	State FL	Zip Code 33431	Amount of Each Receipt this Period <input type="text" value="500.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="checkbox"/> Memo Item	
Name of Employer PMA SALES GROUP INC.	Occupation REAL ESTATE BROKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="500.00"/>		

C. Full Name (Last, First, Middle Initial) MR. JACOB CRISCO		Date of Receipt <input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>	
Mailing Address 1884 14TH ST PL NE		Transaction ID : SA11AI.5700	
City HICKORY	State NC	Zip Code 28602	Amount of Each Receipt this Period <input type="text" value="250.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="checkbox"/> Memo Item	
Name of Employer ROLL-TECH	Occupation DESIGN / QUALITY ENGINEER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

201607210200295470

**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 11b 11c 11d 12 13a 13b 14 15

PAGE 9 OF 113

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

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

Mailing Address **420 E CHURCH STREET #770**

City **ORLANDO** State **FL** Zip Code **32801**

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

Name of Employer **J.P. MORGAN SECURITIES** Occupation **BROKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **05 / 02 / 2016**

Transaction ID : **SA11AI.5556**

Amount of Each Receipt this Period **500.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. THOMAS DEBENADETTO

Mailing Address **15140 FIDDLESTICKS BLVD.**

City **FORT MYERS** State **FL** Zip Code **33912**

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

Name of Employer **SOX INVESTMENTS INC.** Occupation **VP/DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **04 / 01 / 2016**

Transaction ID : **SA11AI.5494**

Amount of Each Receipt this Period **2700.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. THOMAS DEBENADETTO

Mailing Address **15140 FIDDLESTICKS BLVD.**

City **FORT MYERS** State **FL** Zip Code **33912**

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

Name of Employer **SOX INVESTMENTS INC.** Occupation **VP/DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **04 / 01 / 2016**

Transaction ID : **SA11AI.5495**

Amount of Each Receipt this Period **2700.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **5900.00**

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

201607210200295471

**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 10 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. ROBERT DIBEN		Date of Receipt MM / DD / YYYY 04 / 01 / 2016	
Mailing Address 989 LONG MEADOW LANE		Transaction ID : SA11A1.5490	
City MELBOURNE State FL Zip Code 32940	Amount of Each Receipt this Period 1200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer METLIFE Occupation FINANCIAL PLANNER	Election Cycle-to-Date 1200.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) MR. WILLIAM DILLARD		Date of Receipt MM / DD / YYYY 05 / 11 / 2016	
Mailing Address 3281 DEER CHASE RUN		Transaction ID : SA11A1.5571	
City LONGWOOD State FL Zip Code 32779	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer DILLARD HOLDINGS LLP Occupation MANAGING PARTNER	Election Cycle-to-Date 1000.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) MR. T O'NEAL DOUGLAS		Date of Receipt MM / DD / YYYY 05 / 18 / 2016	
Mailing Address 6730 EPPING FOREST WAY NORTH VILLA 104		Transaction ID : SA11A1.5607	
City JACKSONVILLE State FL Zip Code 32217	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer RETIRED Occupation RETIRED	Election Cycle-to-Date 1000.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	2700.00

201607210200295472

**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 11 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MRS. JANA ESTEIN

Mailing Address **5192 ISLEWORTH COUNTRY CLUB DRIVE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : **SA11AI.5544**

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. LOTHAR ESTEIN

Mailing Address **5192 ISLEWORTH COUNTRY CLUB DRIVE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : **SA11AI.5542**

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. RANDOLPH FIELDS

Mailing Address **745 FRENCH AVENUE**

City **WINTER PARK** State **FL** Zip Code **32789**

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

Name of Employer **GRAYROBINSON P.A.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : **SA11AI.5617**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6400.00

201607210200295473

**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 12 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MRS. SUSAN J FIELDS		Date of Receipt MM / DD / YYYY 05 / 18 / 2016
Mailing Address 745 FRENCH AVE.		Transaction ID : SA11AI.5611
City WINTER PARK	State FL	Zip Code 32789
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) MR. DANIEL J FITZPATRICK		Date of Receipt MM / DD / YYYY 05 / 12 / 2016
Mailing Address 5951 CAYMUS LOOP		Transaction ID : SA11AI.5578
City WINDERMERE	State FL	Zip Code 34786
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer PULTE HOMES	Occupation FINANCE	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) MRS. SARAH G FITZPATRICK		Date of Receipt MM / DD / YYYY 05 / 12 / 2016
Mailing Address 5951 CAYMUS LOOP		Transaction ID : SA11AI.5580
City WINDERMERE	State FL	Zip Code 34786
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer UNIVERSITY OF FLORIDA	Occupation DENTIST	<input type="checkbox"/> Memo Item
Receipt For: 2016 <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).....	2000.00
TOTAL This Period (last page this line number only).....	

201607210200295474

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MS. MIA FREYMILLER

Mailing Address **38 S. BLUE ANGEL PKWY #176**

City **PENSACOLA** State **FL** Zip Code **32506**

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

Name of Employer **EM** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **06 / 22 / 2016**

Transaction ID : **SA11AI.5717**

Amount of Each Receipt this Period **100.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. RONALD F GIFFLER

Mailing Address **5501 SW 70TH AVENUE**

City **DAVIE** State **FL** Zip Code **33314**

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

Name of Employer **FIRST PATH** Occupation **PRESIDENT & CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **05 / 23 / 2016**

Transaction ID : **SA11AI.5644**

Amount of Each Receipt this Period **250.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. REX K GILLETTE

Mailing Address **408 POINCIANA DRIVE**

City **FORT LAUDERDALE** State **FL** Zip Code **33301**

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

Name of Employer **PROTECTION ONE** Occupation **SALES EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **06 / 23 / 2016**

Transaction ID : **SA11AI.5726**

Amount of Each Receipt this Period **2700.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3050.00**

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

201607210200295475

**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 14 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A.

Full Name (Last, First, Middle Initial)
MR. J. CHARLES GRAY

Mailing Address **PO BOX 3068**

City **ORLANDO** State **FL** Zip Code **32802**

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

Name of Employer **GRAY ROBINSON LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : **SA11AI.5576**

Amount of Each Receipt this Period
500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
MR. CARL R GROOMS

Mailing Address **3838 FANCY FARMS ROAD**

City **PLANT CITY** State **FL** Zip Code **33566**

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

Name of Employer **FANCY FARMS** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : **SA11AI.5499**

Amount of Each Receipt this Period
500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
MS. DEBORAH HARDING

Mailing Address **6200 METROWEST BLVD.
SUITE 105**

City **ORLANDO** State **FL** Zip Code **32835**

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

Name of Employer **HARDING CENTER** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : **SA11AI.5572**

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

201607210200295476

**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 15 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A.

Full Name (Last, First, Middle Initial)
MR. GIDEON T HAYMAKER

Mailing Address **201 SOUTH ORANGE AVE.
SUITE 100**

City **ORLANDO** State **FL** Zip Code **32801**

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

Name of Employer **SEASIDE NATIONAL BANK & TRUST** Occupation **CEO, PRESIDENT & DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : **SA11AI.5663**

Amount of Each Receipt this Period
250.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
MR. NICK HIGGINS

Mailing Address **10300 CYPRESS ISLES COURT**

City **ORLANDO** State **FL** Zip Code **32836**

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

Name of Employer **DNH POOLS INC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : **SA11AI.5546**

Amount of Each Receipt this Period
1000.00

Memo Item

C.

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

Mailing Address **5201 FAIRWAY OAKS DRIVE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **PRESIDENT** Occupation **EVEREST EQUITY GROUP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : **SA11AI.5523**

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2250.00

201607210200295477

**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 16 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
JACARANDA VILLAGE LLC C/O SCULLY COMPANY

Mailing Address **801 OLD YORK ROAD**

City **JENKINTOWN** State **PA** Zip Code **19046**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
04 / 28 / 2016

Transaction ID : **SA11AI.5737**

Amount of Each Receipt this Period
500.00

Memo Item
 PERMISSIBLE FUNDS: SEE MEMO

B. Full Name (Last, First, Middle Initial)
MR. KENNETH W JOHNSON

Mailing Address **PO BOX 271345**

City **TAMPA** State **FL** Zip Code **33688**

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

Name of Employer **SELF-EMPLOYED** Occupation **GENERAL CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **750.00**

Date of Receipt
 MM / DD / YYYY
06 / 03 / 2016

Transaction ID : **SA11AI.5668**

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VIJAY T LUND

Mailing Address **2150 LOUISA DRIVE**

City **BELLEAIR BEACH** State **FL** Zip Code **33786**

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

Name of Employer **IHM UNIVERSE LLC** Occupation **PRESIDENT AND CEO**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
06 / 03 / 2016

Transaction ID : **SA11AI.5674**

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1750.00

201607210200295478

**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 17 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. L. PAUL MALONEY		Date of Receipt MM / DD / YYYY 05 / 09 / 2016
Mailing Address 5372 ISLEWORTH COUNTRY CLUB DRIVE		Transaction ID : SA11AI.5566
City WINDERMERE	State FL	Zip Code 34786
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

B. Full Name (Last, First, Middle Initial) MR. HARVEY L MASSEY		Date of Receipt MM / DD / YYYY 05 / 16 / 2016
Mailing Address 1461 VIA TUSCANY		Transaction ID : SA11AI.5595
City WINTER PARK	State FL	Zip Code 32789
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MASSEY SERVICES, INC.	Occupation CHAIRMAN/CEO	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) MR. JOHN H MCCOSKRIE		Date of Receipt MM / DD / YYYY 06 / 03 / 2016
Mailing Address PO BOX 1186		Transaction ID : SA11AI.5688
City TAMPA	State FL	Zip Code 33601
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <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).....	3950.00
TOTAL This Period (last page this line number only).....	

201607210200295479

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

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

Mailing Address **1151 BROOKWOOR ROAD**

City **JACKSONVILLE** State **FL** Zip Code **32207**

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

Name of Employer **DALTON AGENCY** Occupation **PRESIDENT/SHAREHOLDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : **SA11AI.5560**

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. DAVID C NIELAND

Mailing Address **9715 W BROWARD BLVD.
#316**

City **PLANTATION** State **FL** Zip Code **33324**

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

Name of Employer **SATO** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : **SA11AI.5710**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MRS. MARY J NUNIS

Mailing Address **6324 DEACON CIRCLE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : **SA11AI.5553**

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5900.00

201607210200295480

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MRS. MARY J NUNIS		Date of Receipt MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 6324 DEACON CIRCLE		Transaction ID : SA11AI.5554	
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 5400.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) BONNIE RE		Date of Receipt MM / DD / YYYY 05 / 20 / 2016	
Mailing Address 2646 NW 63 PLACE		Transaction ID : SA11AI.5620	
City BOCA RATON	State FL	Zip Code 33496	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 350.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) MR. TIMOTHY E REILLY		Date of Receipt MM / DD / YYYY 06 / 24 / 2016	
Mailing Address 1085 GULF OF MEXICO DRIVE UNIT 602		Transaction ID : SA11AI.5730	
City LONGBOAT KEY	State FL	Zip Code 34228	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer MELROSE CAPITAL	Occupation VENTURE CAPITALIST	Election Cycle-to-Date 500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

201607210200295481

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MR. FRED W REINEKE M.D.

Mailing Address **3141 WEST MCNAB ROAD**

City FORT LAUDERDALE	State FL	Zip Code 33069
--------------------------------	--------------------	--------------------------

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

Name of Employer FIRST PATH	Occupation CO-FOUNDER, VICE PRESIDENT & COO
---------------------------------------	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
05 / 23 / 2016

Transaction ID : **SA11AI.5626**

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **1907 S BENDELOW TRAIL**

City TAMPA	State FL	Zip Code 33629
----------------------	--------------------	--------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
06 / 03 / 2016

Transaction ID : **SA11AI.5672**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PETER RUMMELL

Mailing Address **2538 RIVER ROAD**

City JACKSONVILLE	State FL	Zip Code 32207
-----------------------------	--------------------	--------------------------

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

Name of Employer RUMMELL COMPANY	Occupation PRINCIPAL
--	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
05 / 02 / 2016

Transaction ID : **SA11AI.5549**

Amount of Each Receipt this Period
2700.00

Memo Item
SEE REDESIGNATION

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

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

4200.00

201607210200295482

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A.

Full Name (Last, First, Middle Initial)
PETER RUMMELL

Mailing Address **2538 RIVER ROAD**

City **JACKSONVILLE** State **FL** Zip Code **32207**

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

Name of Employer **RUMMELL COMPANY** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 MM / DD / YYYY
05 / 02 / 2016

Transaction ID : **SA11AI.6049**

Amount of Each Receipt this Period
-1000.00

Memo Item
REDESIGNATION TO GENERAL

B.

Full Name (Last, First, Middle Initial)
PETER RUMMELL

Mailing Address **2538 RIVER ROAD**

City **JACKSONVILLE** State **FL** Zip Code **32207**

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

Name of Employer **RUMMELL COMPANY** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 MM / DD / YYYY
05 / 02 / 2016

Transaction ID : **SA11AI.6050**

Amount of Each Receipt this Period
1000.00

Memo Item
REDESIGNATION FROM PRIMARY

C.

Full Name (Last, First, Middle Initial)
SASSO & SASSO PA

Mailing Address **1031 W. MORSE BLVD.
STE. 120**

City **WINTER PARK** State **FL** Zip Code **32789**

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

Name of Employer

Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 MM / DD / YYYY
04 / 27 / 2016

Transaction ID : **SA11AI.5733**

Amount of Each Receipt this Period
750.00

Memo Item
PERMISSIBLE FUNDS: SEE MEMO

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

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

750.00

201607210200295483

**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 113
	<input checked="" type="checkbox"/> 11a <input 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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL C SASSO

Mailing Address **1031 W. MORSE BLVD.
STE. 120**

City **WINTER PARK** State **FL** Zip Code **32789**

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

Name of Employer **SASSO & SASSO PA** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **04 / 27 / 2016**

Transaction ID : **SA11AI.5735**

Amount of Each Receipt this Period **750.00**

Memo Item
PERMISSIBLE FUNDS: SEE MEMO

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

Mailing Address **924 DUFF DRIVE**

City **WINTER GARDEN** State **FL** Zip Code **34787**

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

Name of Employer **MERRILL LYNCH, PIERCE, FENNER & SMITH** Occupation **FINANCIAL ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **05 / 12 / 2016**

Transaction ID : **SA11AI.5574**

Amount of Each Receipt this Period **400.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
MS. JESSICA SCULLY

Mailing Address **801 OLD YORK ROAD**

City **JENKINTOWN** State **PA** Zip Code **19046**

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

Name of Employer **SCULLY COMPANY** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **04 / 28 / 2016**

Transaction ID : **SA11AI.5739**

Amount of Each Receipt this Period **500.00**

Memo Item
PERMISSIBLE FUNDS: SEE MEMO

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

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

400.00

400.00

201607210200295484

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) MS. MARGARET C SIMONE		Date of Receipt MM / DD / YYYY 05 / 18 / 2016	
Mailing Address 3500 EL CONQUISTADOR UNIT 341		Transaction ID : SA11AI.5601	
City BRADENTON	State FL	Zip Code 34210	Amount of Each Receipt this Period _____ 1000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) MRS. LAUNA STAYER-MALONEY		Date of Receipt MM / DD / YYYY 05 / 09 / 2016	
Mailing Address 5372 ISLEWORTH COUNTRY CLUB DRIVE		Transaction ID : SA11AI.5564	
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Receipt this Period _____ 2700.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer THE KING'S COLLEGE	Occupation TRUSTEE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

Full Name (Last, First, Middle Initial) MS. MARGARET STREICKER PORRES		Date of Receipt MM / DD / YYYY 04 / 07 / 2016	
Mailing Address 270 MADISON AVENUE, 19TH FL		Transaction ID : SA11AI.5503	
City NEW YORK	State NY	Zip Code 10016	Amount of Each Receipt this Period _____ 1000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NEWCASTLE REALTY SERVICES	Occupation REAL ESTATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 4700.00
TOTAL This Period (last page this line number only).....	_____

201607210200295485

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. RICHARD S TANNENBAUM		Date of Receipt MM / DD / YYYY 06 / 03 / 2016	
Mailing Address PO BOX 62281		Transaction ID : SA11AI.5686	
City TALLAHASSEE	State FL	Zip Code 32313	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MRS. ELLEN TERESI		Date of Receipt MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 2400 LAGUNA DRIVE		Transaction ID : SA11AI.5630	
City FORT LAUDERDALE	State FL	Zip Code 33316	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer PAISANO PUBLICATIONS, LLC		Occupation PUBLISHING EXECUTIVE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	

C. Full Name (Last, First, Middle Initial) MRS. ELLEN TERESI		Date of Receipt MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 2400 LAGUNA DRIVE		Transaction ID : SA11AI.5631	
City FORT LAUDERDALE	State FL	Zip Code 33316	Amount of Each Receipt this Period 2575.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer PAISANO PUBLICATIONS, LLC		Occupation PUBLISHING EXECUTIVE	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5275.00	

SUBTOTAL of Receipts This Page (optional).....	5525.00
TOTAL This Period (last page this line number only).....	5525.00

201607210200295486

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MRS. ELLEN TERESI		Date of Receipt MM / DD / YYYY 05 / 27 / 2016	
Mailing Address 2400 LAGUNA DRIVE		Transaction ID : SA11AI.5648	
City FORT LAUDERDALE	State FL	Zip Code 33316	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer PAISANO PUBLICATIONS, LLC	Occupation PUBLISHING EXECUTIVE		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. JOSEPH TERESI		Date of Receipt MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 2400 LAGUNA DRIVE		Transaction ID : SA11AI.5628	
City FORT LAUDERDALE	State FL	Zip Code 33316	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer PAISANO PUBLICATIONS, LLC	Occupation PUBLISHER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	

C. Full Name (Last, First, Middle Initial) MR. JOSEPH TERESI		Date of Receipt MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 2400 LAGUNA DRIVE		Transaction ID : SA11AI.5632	
City FORT LAUDERDALE	State FL	Zip Code 33316	Amount of Each Receipt this Period 2575.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer PAISANO PUBLICATIONS, LLC	Occupation PUBLISHER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5275.00	

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	5400.00

201607210200295487

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH TERESI

Mailing Address **2400 LAGUNA DRIVE**

City **FORT LAUDERDALE** State **FL** Zip Code **33316**

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

Name of Employer **PAISANO PUBLICATIONS, LLC** Occupation **PUBLISHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
05 / 27 / 2016

Transaction ID : **SA11AI.5651**

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address **9359 WESTOVER CLUB CIRCLE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **JP MORGAN** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
05 / 12 / 2016

Transaction ID : **SA11AI.5582**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. RONALD L THATCHER

Mailing Address **4114 W MORRISON AVE.**

City **TAMPA** State **FL** Zip Code **33629**

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

Name of Employer **RAYMOND JAMES FINANCIAL** Occupation **FINANCIAL ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
05 / 09 / 2016

Transaction ID : **SA11AI.5568**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

875.00

201607210200295488

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MR. ROBERT E TURNER

Mailing Address 799 GRUBBS MILL ROAD

City BERWYN	State PA	Zip Code 19312
----------------	-------------	-------------------

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

Name of Employer TURNER INVESTMENTS	Occupation INVESTMENTS
--	---------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2016

Transaction ID : SA11A1.5529

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. PHILIP WILCOX

Mailing Address 2172 BARRACK DRIVE

City LAKE HAVASU CITY	State AR	Zip Code 86403
--------------------------	-------------	-------------------

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

Name of Employer E-TECH	Occupation COMMUNICATIONS
----------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2016

Transaction ID : SA11A1.5513

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. RUFUS JOHN WILLIAMS III

Mailing Address 2610 W PARKLAND BLVD.

City TAMPA	State FL	Zip Code 33609
---------------	-------------	-------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2016

Transaction ID : SA11A1.5670

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1750.00

201607210200295489

**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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH M WILLIAMSON

Mailing Address **4711 JOANNA GARDEN COURT**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
05 / 02 / 2016

Transaction ID : **SA11AI.5558**

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. PETER WITTICH

Mailing Address **2308 INTEL DRIVE**

City **FORT LAUDERDALE** State **FL** Zip Code **33316**

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

Name of Employer **INTERSTATE ASPHALT** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
05 / 20 / 2016

Transaction ID : **SA11AI.5622**

Amount of Each Receipt this Period
2700.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

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

3700.00

75350.00

201607210200295490

**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 113
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" 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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
CNL FINANCIAL GROUP INC POLITICAL ACTION COMMITTEE

Mailing Address 450 S ORANGE AVENUE SUITE 1400

City State Zip Code
ORLANDO FL 32801

FEC ID number of contributing federal political committee. **C** C00454314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2016

Transaction ID : SA11C.5586

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CNL FINANCIAL GROUP INC POLITICAL ACTION COMMITTEE

Mailing Address 450 S ORANGE AVENUE SUITE 1400

City State Zip Code
ORLANDO FL 32801

FEC ID number of contributing federal political committee. **C** C00454314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2016

Transaction ID : SA11C.5587

Amount of Each Receipt this Period
400.00

Memo Item

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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

5400.00

5400.00

201607210200295491

**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 113
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
TODD WILCOX

Mailing Address **PO BOX 616308**

City **ORLANDO** State **FL** Zip Code **32861**

FEC ID number of contributing federal political committee. **C S6FL00335**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1028000.82

Date of Receipt
05 / 02 / 2016

Transaction ID : **SA11D.5994**

Amount of Each Receipt this Period
1339.85

Memo Item
IN-KIND: TRAVEL & POSTAGE SEE MEMOS

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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

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

1339.85

1339.85

201607210200295492

**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 31 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. MILANO STRATEGIES		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address ANN MARIE MILANO 7491 N. FEDERAL HWY, SUITE C5143		Amount of Each Disbursement this Period 12736.45 <input type="checkbox"/> Memo Item
City BOCA RATON	State FL Zip Code 33487	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	Transaction ID : SB17.5757
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. A. MILANO STRATEGIES		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address ANN MARIE MILANO 7491 N. FEDERAL HWY, SUITE C5143		Amount of Each Disbursement this Period 9208.32 <input type="checkbox"/> Memo Item
City BOCA RATON	State FL Zip Code 33487	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	Transaction ID : SB17.5776
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. A. MILANO STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address ANN MARIE MILANO 7491 N. FEDERAL HWY, SUITE C5143		Amount of Each Disbursement this Period 8000.00 <input type="checkbox"/> Memo Item
City BOCA RATON	State FL Zip Code 33487	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	Transaction ID : SB17.5806
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	29944.77
TOTAL This Period (last page this line number only).....	

201607210200295493

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. A. MILANO STRATEGIES

Full Name (Last, First, Middle Initial)
ANN MARIE MILANO

Mailing Address ANN MARIE MILANO
7491 N. FEDERAL HWY, SUITE C5143

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 02 / 2016

Amount of Each Disbursement this Period
232.20

Memo Item

Transaction ID : SB17.5807

B. A. MILANO STRATEGIES

Full Name (Last, First, Middle Initial)
ANN MARIE MILANO

Mailing Address ANN MARIE MILANO
7491 N. FEDERAL HWY, SUITE C5143

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement
REIMBURSEMENTS: SEE MEMO

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 02 / 2016

Amount of Each Disbursement this Period
309.81

Memo Item

Transaction ID : SB17.5808

C. A. MILANO STRATEGIES

Full Name (Last, First, Middle Initial)
ANN MARIE MILANO

Mailing Address ANN MARIE MILANO
7491 N. FEDERAL HWY, SUITE C5143

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 24 / 2016

Amount of Each Disbursement this Period
8000.00

Memo Item

Transaction ID : SB17.5872

SUBTOTAL of Disbursements This Page (optional)..... 8542.01

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

201607210200295494

**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 33 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. MILANO STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address ANN MARIE MILANO 7491 N. FEDERAL HWY, SUITE C5143		Amount of Each Disbursement this Period 81.00 <input type="checkbox"/> Memo Item
City BOCA RATON State FL Zip Code 33487	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.5873
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) A. MILANO STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address ANN MARIE MILANO 7491 N. FEDERAL HWY, SUITE C5143		Amount of Each Disbursement this Period 852.35 <input type="checkbox"/> Memo Item
City BOCA RATON State FL Zip Code 33487	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	
Candidate Name	Category/Type	Transaction ID : SB17.5874
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) ACE CAB		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 1265 PINE AVE		Amount of Each Disbursement this Period 63.77 <input checked="" type="checkbox"/> Memo Item
City ORLANDO State FL Zip Code 32824	Purpose of Disbursement WILCOX: IN-KIND: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.6001
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).....	933.35
TOTAL This Period (last page this line number only).....	

201607210200295495

**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 34 OF 113
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. ADVANCING STRATEGIES, LLC		Date of Disbursement						
Mailing Address PO BOX 96		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td>05</td> <td>2016</td> </tr> </table>	M M	D D	Y Y Y Y	04	05	2016
M M	D D	Y Y Y Y						
04	05	2016						
City	State	Zip Code						
MIDLOTHIAN	VA	23113						
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period						
		12924.50						
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item						
Office Sought:	Disbursement For: 2016	Transaction ID : SB17.5743						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

Full Name (Last, First, Middle Initial) B. ADVANCING STRATEGIES, LLC		Date of Disbursement						
Mailing Address PO BOX 96		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>23</td> <td>2016</td> </tr> </table>	M M	D D	Y Y Y Y	06	23	2016
M M	D D	Y Y Y Y						
06	23	2016						
City	State	Zip Code						
MIDLOTHIAN	VA	23113						
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period						
		3200.00						
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item						
Office Sought:	Disbursement For: 2016	Transaction ID : SB17.5869						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

Full Name (Last, First, Middle Initial) C. ALOFT		Date of Disbursement						
Mailing Address 200 NORTH MONROE STREET		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td>02</td> <td>2016</td> </tr> </table>	M M	D D	Y Y Y Y	05	02	2016
M M	D D	Y Y Y Y						
05	02	2016						
City	State	Zip Code						
TALLAHASSEE	FL	32301						
Purpose of Disbursement WILCOX: IN-KIND: TRAVEL: LODGING		Amount of Each Disbursement this Period						
		300.26						
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item						
Office Sought:	Disbursement For: 2016	Transaction ID : SB17.5997						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

SUBTOTAL of Disbursements This Page (optional).....	16124.50
TOTAL This Period (last page this line number only).....	

201607210200295496

**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 35 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. AMERICA FIRST LLC		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016	
Mailing Address 604 BANYAN TRAIL SUITE 811922		Amount of Each Disbursement this Period 650.00	
City BOCA RATON	State FL	Zip Code 33431	<input type="checkbox"/> Memo Item
Purpose of Disbursement EVENT REGISTRATION FEE		Category/ Type	
Candidate Name		Transaction ID : SB17.5810	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 4333 AMON CARTER BLVD.		Amount of Each Disbursement this Period 867.13	
City FORT WORTH	State TX	Zip Code 76155	<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement WILCOX: IN-KIND: TRAVEL: AIR		Category/ Type	
Candidate Name		Transaction ID : SB17.5998	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 170.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name		Transaction ID : SB17.5741	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	820.00
TOTAL This Period (last page this line number only).....	

201607210200295497

**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 36 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 9.00 <input type="checkbox"/> Memo Item
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Zip Code 01915	Transaction ID : SB17.5742
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 390.00 <input type="checkbox"/> Memo Item
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Zip Code 01915	Transaction ID : SB17.5744
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00 <input type="checkbox"/> Memo Item
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Zip Code 01915	Transaction ID : SB17.5754
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	403.00
TOTAL This Period (last page this line number only).....	

201607210200295498

**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 37 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.5758
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 14.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.5760
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 04 / 14 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.5761
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

201607210200295499

**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 38 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES		Category/Type	
Candidate Name		Transaction ID : SB17.5768	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 04 / 20 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES		Category/Type	
Candidate Name		Transaction ID : SB17.5769	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 04 / 26 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 54.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES		Category/Type	
Candidate Name		Transaction ID : SB17.5770	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201607210200295500

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. APEX

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
04 / 27 / 2016

Amount of Each Disbursement this Period
13.00

Memo Item

Transaction ID : SB17.5771

B. APEX

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
04 / 28 / 2016

Amount of Each Disbursement this Period
1.00

Memo Item

Transaction ID : SB17.5772

C. APEX

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
04 / 29 / 2016

Amount of Each Disbursement this Period
40.00

Memo Item

Transaction ID : SB17.5774

SUBTOTAL of Disbursements This Page (optional)..... 54.00

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

201607210200295501

**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 40 OF 113
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.5775
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 110.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.5783
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 118.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.5784
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

201607210200295502

**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 41 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 22.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		Transaction ID : SB17.5786
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 6.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		Transaction ID : SB17.5790
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		Transaction ID : SB17.5792
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

201607210200295503

**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 42 OF 113
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.5793	
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.5794	
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.5796	
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	18.00
TOTAL This Period (last page this line number only).....	

201607210200295504

**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 43 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 6.88
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement MERCHANT FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5803
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 40.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement MERCHANT FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5804
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 5.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement MERCHANT FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5811
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	51.88
TOTAL This Period (last page this line number only).....	

201607210200295505

**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 44 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period _____ 2.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.5812
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 06 / 09 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period _____ 4.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.5813
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period _____ 4.00 <input type="checkbox"/> Memo Item
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.5814
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	_____ 10.00
TOTAL This Period (last page this line number only).....	_____

201607210200295506

**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 45 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.60 <input type="checkbox"/> Memo Item
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.5815
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Memo Item
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.5816
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.5858
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	26.60
TOTAL This Period (last page this line number only).....	

201607210200295507

**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 46 OF 113			
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 8.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		Transaction ID : SB17.5875
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 14.00	
City BEVERLY	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		Transaction ID : SB17.5877
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. AVIS		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016	
Mailing Address 6 SYLVAN WAY		Amount of Each Disbursement this Period 156.25	
City PARSIPPANY	State NJ	Zip Code 07054	<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement A. MILANO STRATEGIES REIMBURSEMENT: TRAVEL: CAR RENTAL	Candidate Name		Transaction ID : SB17.5915
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional).....	22.00
TOTAL This Period (last page this line number only).....	

201607210200295508

**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 47 OF 113
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. AVIS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 1 YAMATO ROAD		Amount of Each Disbursement this Period 384.05 <input checked="" type="checkbox"/> Memo Item
City BOCA RATON	State FL	
Zip Code 33431	Purpose of Disbursement A. MILANO STRATEGIES REIMBURSEMENT: TRAVEL: CAR RENTAL	Transaction ID : SB17.5946
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BIG FROG CUSTOM TSHIRT		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 975 S. ORLANDO AVE.		Amount of Each Disbursement this Period 2085.80 <input checked="" type="checkbox"/> Memo Item
City WINTER PARK	State FL	
Zip Code 32789	Purpose of Disbursement CARD SERVICES: PRINTING & DESIGN SERVICES	Transaction ID : SB17.5955
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BOCA RATON MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 5150 TOWN CENTER CIRCLE		Amount of Each Disbursement this Period 539.42 <input checked="" type="checkbox"/> Memo Item
City BOCA RATON	State FL	
Zip Code 33486	Purpose of Disbursement ISAAC REIMBURSEMENT: TRAVEL: LODGING	Transaction ID : SB17.5944
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201607210200295509

**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 48 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. BOGART ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016	
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 858.72	
City ALEXANDRIA	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	
Candidate Name		Transaction ID : SB17.5745	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. BOGART ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016	
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 2000.00	
City ALEXANDRIA	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	
Candidate Name		Transaction ID : SB17.5759	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. BOGART ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 06 / 09 / 2016	
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 294.33	
City ALEXANDRIA	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	
Candidate Name		Transaction ID : SB17.5817	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	3153.05
TOTAL This Period (last page this line number only).....	

201607210200295510

**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 49 OF 113
	<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)
TODD WILCOX FOR US SENATE

A. BOGART ASSOCIATES, INC.		Date of Disbursement											
Full Name (Last, First, Middle Initial)		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>20</td> <td>2016</td> </tr> </table>		M M	D D	Y Y Y Y	06	20	2016				
M M	D D	Y Y Y Y											
06	20	2016											
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314	<table border="1"> <tr> <td>1500.00</td> </tr> </table>		1500.00			
City	State	Zip Code											
ALEXANDRIA	VA	22314											
1500.00													
Purpose of Disbursement FUNDRAISING CONSULTING		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.5854											
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For: 2016</td> </tr> <tr> <td><input type="checkbox"/> House</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> </tr> </table>		Office Sought:	Disbursement For: 2016	<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> President		<table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table>		Category/Type	
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)												
<input type="checkbox"/> President													
Category/Type													
State: District:													

B. BOGART ASSOCIATES, INC.		Date of Disbursement											
Full Name (Last, First, Middle Initial)		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>20</td> <td>2016</td> </tr> </table>		M M	D D	Y Y Y Y	06	20	2016				
M M	D D	Y Y Y Y											
06	20	2016											
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314	<table border="1"> <tr> <td>320.81</td> </tr> </table>		320.81			
City	State	Zip Code											
ALEXANDRIA	VA	22314											
320.81													
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.5855											
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For: 2016</td> </tr> <tr> <td><input type="checkbox"/> House</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> </tr> </table>		Office Sought:	Disbursement For: 2016	<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> President		<table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table>		Category/Type	
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)												
<input type="checkbox"/> President													
Category/Type													
State: District:													

C. BUBBALOU'S BBQ		Date of Disbursement											
Full Name (Last, First, Middle Initial)		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>01</td> <td>2016</td> </tr> </table>		M M	D D	Y Y Y Y	06	01	2016				
M M	D D	Y Y Y Y											
06	01	2016											
Mailing Address 5818 CONROY ROAD		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ORLANDO</td> <td>FL</td> <td>32835</td> </tr> </table>		City	State	Zip Code	ORLANDO	FL	32835	<table border="1"> <tr> <td>116.04</td> </tr> </table>		116.04			
City	State	Zip Code											
ORLANDO	FL	32835											
116.04													
Purpose of Disbursement KOSS REIMBURSEMENT: TRAVEL: FOOD		<input checked="" type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.5918											
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For: 2016</td> </tr> <tr> <td><input type="checkbox"/> House</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> </tr> </table>		Office Sought:	Disbursement For: 2016	<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> President		<table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table>		Category/Type	
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)												
<input type="checkbox"/> President													
Category/Type													
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	1820.81
TOTAL This Period (last page this line number only).....	

201607210200295511

**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 50 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. BUILDASIGN.COM		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 11525 ANEHOLLOW DRIVE, SUITE 100		Amount of Each Disbursement this Period 491.34 <input checked="" type="checkbox"/> Memo Item
City AUSTIN State TX Zip Code 78758	Purpose of Disbursement CARD SERVICES: PRINTING & DESIGN SERVICES	
Candidate Name		Transaction ID : SB17.5953
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAMBRIDGE ANALYTICA, LLC		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 1 WALES ALLEY SUITE 300		Amount of Each Disbursement this Period 22100.00 <input type="checkbox"/> Memo Item
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name		Transaction ID : SB17.5788
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMBRIDGE ANALYTICA, LLC		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address 1 WALES ALLEY SUITE 300		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Memo Item
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name		Transaction ID : SB17.5822
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	42100.00
TOTAL This Period (last page this line number only).....	

201607210200295512

**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 51 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. CAMBRIDGE ANALYTICA, LLC		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016	
Mailing Address 1 WALES ALLEY SUITE 300		Amount of Each Disbursement this Period 75000.00	
City ALEXANDRIA	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item
Purpose of Disbursement PLACED MEDIA	Candidate Name		Transaction ID : SB17.5823
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. CARD SERVICES		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016	
Mailing Address PO BOX 13337		Amount of Each Disbursement this Period 391.95	
City PHILADELPHIA	State PA	Zip Code 19101	<input type="checkbox"/> Memo Item
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMOS	Candidate Name		Transaction ID : SB17.5777
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. CARD SERVICES		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016	
Mailing Address PO BOX 13337		Amount of Each Disbursement this Period 585.99	
City PHILADELPHIA	State PA	Zip Code 19101	<input type="checkbox"/> Memo Item
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMOS	Candidate Name		Transaction ID : SB17.5824
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional).....	75977.94
TOTAL This Period (last page this line number only).....	

201607210200295513

**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 52 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. CARD SERVICES		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address PO BOX 13337		Amount of Each Disbursement this Period 6643.34 <input type="checkbox"/> Memo Item
City PHILADELPHIA	State PA	
Zip Code 19101	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMOS	Transaction ID : SB17.5868
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. CARD SERVICES		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address PO BOX 13337		Amount of Each Disbursement this Period 8330.53 <input type="checkbox"/> Memo Item
City PHILADELPHIA	State PA	
Zip Code 19101	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMOS	Transaction ID : SB17.5870
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 14 / 2016
Mailing Address 1445 LAUGHLIN AVE.		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Transaction ID : SB17.5762
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	14993.87
TOTAL This Period (last page this line number only).....	

201607210200295514

**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 53 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 1445 LAUGHLIN AVE.		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Transaction ID : SB17.5789
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address 1445 LAUGHLIN AVE.		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Transaction ID : SB17.5827
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 1445 LAUGHLIN AVE.		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Transaction ID : SB17.5828
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

201607210200295515

**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 54 OF 113
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1445 LAUGHLIN AVE.		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Memo Item
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Transaction ID : SB17.5897
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COSTCO		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 2441 MARKET STREET NE		Amount of Each Disbursement this Period 150.51 <input checked="" type="checkbox"/> Memo Item
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement BOGART REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.5930
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COURTYARD BRADENTON		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 100 RIVERFRONT DRIVE WEST		Amount of Each Disbursement this Period 479.68 <input checked="" type="checkbox"/> Memo Item
City BRADENTON	State FL	
Zip Code 34205	Purpose of Disbursement CARD SERVICES:TRAVEL: LODGING	Transaction ID : SB17.5970
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

201607210200295516

**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 55 OF 113
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

A. COURTYARD BY MARRIOTT

Full Name (Last, First, Middle Initial)
Mailing Address 700 E CHASE STREET

City PENSACOLA State FL Zip Code 32502

Purpose of Disbursement
CARD SERVICES:TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 23 / 2016

Amount of Each Disbursement this Period
643.37

Memo Item

Transaction ID : SB17.5981

B. COX MEDIA GROUP

Full Name (Last, First, Middle Initial)
Mailing Address 8000 BELFORT PARKWAY

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 13 / 2016

Amount of Each Disbursement this Period
500.00

Memo Item

Transaction ID : SB17.5830

C. CROWNE PLAZA

Full Name (Last, First, Middle Initial)
Mailing Address 2605 NORTH A1A HIGHWAY

City MELBOURNE State FL Zip Code 32903

Purpose of Disbursement
CARD SERVICES:TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 23 / 2016

Amount of Each Disbursement this Period
355.69

Memo Item

Transaction ID : SB17.5976

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

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

500.00

201607210200295517

**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 56 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

A. DC TAXI

Full Name (Last, First, Middle Initial)
Mailing Address 2606 BLADENSBURG ROAD NE

City WASHINGTON State DC Zip Code 20018

Purpose of Disbursement
CARD SERVICES:TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 22 / 2016

Amount of Each Disbursement this Period: 71.36

Memo Item

Transaction ID : SB17.5961

B. DOLLAR TREE

Full Name (Last, First, Middle Initial)
Mailing Address 140 CYPRESS EDGE DRIVE

City PALM COAST State FL Zip Code 32164

Purpose of Disbursement
FOWLKES REIMBURSEMENT: EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 03 / 2016

Amount of Each Disbursement this Period: 10.70

Memo Item

Transaction ID : SB17.5901

C. DOUBLE TREE

Full Name (Last, First, Middle Initial)
Mailing Address 4500 W CYPRESS STREET

City TAMPA State FL Zip Code 33607

Purpose of Disbursement
CARD SERVICES:TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 22 / 2016

Amount of Each Disbursement this Period: 62.88

Memo Item

Transaction ID : SB17.5972

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

201607210200295518

**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 57 OF 113			
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 1601 WILLOW RD.		Amount of Each Disbursement this Period 120.00	
City MENLO PARK	State CA	Zip Code 94025	<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement CARD SERVICES: PLACED MEDIA		Category/ Type	
Candidate Name		Transaction ID : SB17.5907	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. CARLO FASSI		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016	
Mailing Address 11 EAST FORSYTH ST. #1702		Amount of Each Disbursement this Period 343.44	
City JACKSONVILLE	State FL	Zip Code 32202	<input type="checkbox"/> Memo Item
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type	
Candidate Name		Transaction ID : SB17.5862	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. CARLO FASSI		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016	
Mailing Address 11 EAST FORSYTH ST. #1702		Amount of Each Disbursement this Period 190.55	
City JACKSONVILLE	State FL	Zip Code 32202	<input type="checkbox"/> Memo Item
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type	
Candidate Name		Transaction ID : SB17.5863	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	533.99
TOTAL This Period (last page this line number only).....	

201607210200295519

**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 58 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. CARLO FASSI		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 11 EAST FORSYTH ST. #1702		Amount of Each Disbursement this Period 2500.00	
City JACKSONVILLE	State FL	Zip Code 32202	<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type		
Candidate Name	Transaction ID : SB17.5879		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. CARLO FASSI		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 11 EAST FORSYTH ST. #1702		Amount of Each Disbursement this Period 172.60	
City JACKSONVILLE	State FL	Zip Code 32202	<input type="checkbox"/> Memo Item
Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type		
Candidate Name	Transaction ID : SB17.5880		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. FEDERATED WOMEN'S CLUB OF DUVAL		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016	
Mailing Address PO BOX 500901		Amount of Each Disbursement this Period 25.75	
City JACKSONVILLE	State FL	Zip Code 32255	<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement FASSI REIMBURSEMENT: TRAVEL: EVENT REGISTRATION FEE	Category/ Type		
Candidate Name	Transaction ID : SB17.5938		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2672.60
TOTAL This Period (last page this line number only).....	

201607210200295520

**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 59 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. FEDEX OFFICE		Date of Disbursement						
Mailing Address 225 E COASTLINE DRIVE		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>21</td> <td>2016</td> </tr> </table>	M M	D D	Y Y Y Y	06	21	2016
M M	D D	Y Y Y Y						
06	21	2016						
City JACKSONVILLE	State FL	Zip Code 32202						
Purpose of Disbursement FASSI REIMBURSEMENT: PRINTING & DESIGN SERVICES	Category/Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>149.80</td> </tr> </table>	149.80					
149.80								
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2016</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2016	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5940		
<input type="checkbox"/> House	Disbursement For: 2016							
<input type="checkbox"/> Senate								
<input type="checkbox"/> President								
State: District:								

Full Name (Last, First, Middle Initial) B. FEDEX OFFICE		Date of Disbursement						
Mailing Address 1999 BRYAN STREET, SUITE 149		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>22</td> <td>2016</td> </tr> </table>	M M	D D	Y Y Y Y	06	22	2016
M M	D D	Y Y Y Y						
06	22	2016						
City DALLAS	State TX	Zip Code 75201						
Purpose of Disbursement CARD SERVICES: PRINTING & DESIGN SERVICES	Category/Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>177.20</td> </tr> </table>	177.20					
177.20								
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2016</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2016	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5957		
<input type="checkbox"/> House	Disbursement For: 2016							
<input type="checkbox"/> Senate								
<input type="checkbox"/> President								
State: District:								

Full Name (Last, First, Middle Initial) C. FLORIDA DEPARTMENT OF STATE		Date of Disbursement						
Mailing Address DIVISION OF ELECTIONS R. A. GRAY BUILDING, ROOM 316		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>07</td> <td>2016</td> </tr> </table>	M M	D D	Y Y Y Y	06	07	2016
M M	D D	Y Y Y Y						
06	07	2016						
City TALLAHASSEE	State FL	Zip Code 32399						
Purpose of Disbursement FILING FEE	Category/Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>10440.00</td> </tr> </table>	10440.00					
10440.00								
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2016</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2016	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : SB17.5833		
<input type="checkbox"/> House	Disbursement For: 2016							
<input type="checkbox"/> Senate								
<input type="checkbox"/> President								
State: District:								

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>10440.00</td> </tr> </table>	10440.00
10440.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

201607210200295521

**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 60 OF 113
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. FLORIDA FEDERATION OF YOUNG REPUBLICANS		Date of Disbursement
Mailing Address 9700 PHILLIPS HWY, STE. 104		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>
City JACKSONVILLE	State FL	Zip Code 32256
Purpose of Disbursement PLACED MEDIA	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5835
State: District:		

Full Name (Last, First, Middle Initial) B. FLORIDA RADIO NETWORK		Date of Disbursement
Mailing Address 942 US. HIGHWAY 1		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>
City MALABAR	State FL	Zip Code 32950
Purpose of Disbursement PLACED MEDIA	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="750.00"/>
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5837
State: District:		

Full Name (Last, First, Middle Initial) C. GREGORY FOURNIER		Date of Disbursement
Mailing Address 224 S. VENETIAN WAY		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2016"/>
City PORT ORANGE	State FL	Zip Code 32127
Purpose of Disbursement FUNDRAISING CONSULTING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5884
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="3750.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

201607210200295522

**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 61 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016
Mailing Address 3716 IDLEBROOK CIRCLE UNIT 104		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City CASSELBERRY	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING	Zip Code 32707	Transaction ID : SB17.5750
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 3716 IDLEBROOK CIRCLE UNIT 104		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City CASSELBERRY	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING	Zip Code 32707	Transaction ID : SB17.5779
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 3716 IDLEBROOK CIRCLE UNIT 104		Amount of Each Disbursement this Period 83.16 <input type="checkbox"/> Memo Item
City CASSELBERRY	State FL	
Purpose of Disbursement TRAVEL: MILEAGE	Zip Code 32707	Transaction ID : SB17.5780
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2083.16
TOTAL This Period (last page this line number only).....	

2016072110200295523

**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 62 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 3716 IDLEBROOK CIRCLE UNIT 104		Amount of Each Disbursement this Period 35.70 <input type="checkbox"/> Memo Item
City CASSELBERRY	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Transaction ID : SB17.5781
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 3716 IDLEBROOK CIRCLE UNIT 104		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City CASSELBERRY	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING		Transaction ID : SB17.5840
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 3716 IDLEBROOK CIRCLE UNIT 104		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City CASSELBERRY	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING		Transaction ID : SB17.5889
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1035.70
TOTAL This Period (last page this line number only).....	

201607210200295524

**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 63 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 3716 IDLEBROOK CIRCLE UNIT 104		Amount of Each Disbursement this Period 83.32 <input type="checkbox"/> Memo Item
City CASSELBERRY	State FL	
Zip Code 32707	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.5890
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FADY GHALY		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 2844 RIPTON COURT		Amount of Each Disbursement this Period 298.08 <input type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.5896
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GODADDY		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 14455 N HAYDEN ROAD SUITE 226		Amount of Each Disbursement this Period 20.52 <input checked="" type="checkbox"/> Memo Item
City SCOTTSDALE	State AZ	
Zip Code 85260	Purpose of Disbursement CARD SERVICES: WEB HOSTING	Transaction ID : SB17.5922
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	381.40
TOTAL This Period (last page this line number only)	

201607210200295525

**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 64 OF 113
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. GRAND BOHEMIAN MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 325 S ORANGE AVE		Amount of Each Disbursement this Period 442.94	
City ORLANDO	State FL	Zip Code 32801	<input type="checkbox"/> Memo Item
Purpose of Disbursement ISAAC REIMBURSEMENT: TRAVEL: LODGING		Category/ Type	
Candidate Name		Transaction ID : SB17.5942	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. HERTZ		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016	
Mailing Address PO BOX 269033		Amount of Each Disbursement this Period 530.41	
City OKLAHOMA CITY	State OK	Zip Code 73134	<input type="checkbox"/> Memo Item
Purpose of Disbursement KOSS REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Category/ Type	
Candidate Name		Transaction ID : SB17.5934	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. HOLIDAY INN EXPRESS		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 3427 FORUM BLVD.		Amount of Each Disbursement this Period 154.29	
City FORT MYERS	State FL	Zip Code 33905	<input type="checkbox"/> Memo Item
Purpose of Disbursement CARD SERVICES:TRAVEL: LODGING		Category/ Type	
Candidate Name		Transaction ID : SB17.5991	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201607210200295526

**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 65 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. HOLIDAY INN EXPRESS		Date of Disbursement
Mailing Address 107 BUFFALO CREEK DRIVE		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City ELIZABETHTOWN	State KY	Zip Code 42701
Purpose of Disbursement CARD SERVICES:TRAVEL: LODGING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="211.68"/>
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5993
State: District:		

Full Name (Last, First, Middle Initial) B. HOME DEPOT		Date of Disbursement
Mailing Address 10151 BLOOMINGDALE AVE.		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City RIVERVIEW	State FL	Zip Code 33569
Purpose of Disbursement MCCOY REIMBURSEMENT: EVENT STAGING EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="115.82"/>
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5920
State: District:		

Full Name (Last, First, Middle Initial) C. HYATT REGENCY JACKSONVILLE		Date of Disbursement
Mailing Address 255 COAST LINE DRIVE EAST		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City JACKSONVILLE	State FL	Zip Code 32202
Purpose of Disbursement CARD SERVICES:TRAVEL: LODGING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="632.90"/>
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5983
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

201607210200295527

**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)

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

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. HYATT REGENCY JACKSONVILLE		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 255 COAST LINE DRIVE EAST		Amount of Each Disbursement this Period 5416.90 <input checked="" type="checkbox"/> Memo Item
City JACKSONVILLE	State FL	
Zip Code 32202		Transaction ID : SB17.5984
Purpose of Disbursement CARD SERVICES:TRAVEL: FACILITY RENTAL/CATERING SERVICES		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. IAVARONE'S ITALIAN STEAKHOUSE		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 3617 W HUMPHREY STREET		Amount of Each Disbursement this Period 276.06 <input checked="" type="checkbox"/> Memo Item
City TAMPA	State FL	
Zip Code 33614		Transaction ID : SB17.5988
Purpose of Disbursement CARD SERVICES: MEETING EXPENSE: MEALS		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. INTERCONTINENTAL HOTELS		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 4860 WEST KENNEDY BLVD.		Amount of Each Disbursement this Period 153.56 <input checked="" type="checkbox"/> Memo Item
City TAMPA	State FL	
Zip Code 33609		Transaction ID : SB17.5913
Purpose of Disbursement A. MILANO STRATEGIES REIMBURSEMENT: TRAVEL: LODGING		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201607210200295528

**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 67 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 305.18	
City TAMPA	State FL	Zip Code 33625	<input type="checkbox"/> Memo Item
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type	
Candidate Name		Transaction ID : SB17.5748	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 8250.00	
City TAMPA	State FL	Zip Code 33625	<input type="checkbox"/> Memo Item
Purpose of Disbursement COMMUNICATION SERVICES		Category/ Type	
Candidate Name		Transaction ID : SB17.5749	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 8500.00	
City TAMPA	State FL	Zip Code 33625	<input type="checkbox"/> Memo Item
Purpose of Disbursement COMMUNICATION SERVICES		Category/ Type	
Candidate Name		Transaction ID : SB17.5778	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	17055.18
TOTAL This Period (last page this line number only).....	

201607210200295529

**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 68 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 8500.00	
City TAMPA	State FL	Zip Code 33625	<input type="checkbox"/> Memo Item
Purpose of Disbursement COMMUNICATION SERVICES		Category/ Type	
Candidate Name		Transaction ID : SB17.5831	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 8500.00	
City TAMPA	State FL	Zip Code 33625	<input type="checkbox"/> Memo Item
Purpose of Disbursement COMMUNICATION SERVICES		Category/ Type	
Candidate Name		Transaction ID : SB17.5881	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 1032.42	
City TAMPA	State FL	Zip Code 33625	<input type="checkbox"/> Memo Item
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type	
Candidate Name		Transaction ID : SB17.5882	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	18032.42
TOTAL This Period (last page this line number only).....	

201607210200295530

**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 69 OF 113
	<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)
TODD WILCOX FOR US SENATE

A. ISLAND CHICKEN GRILL

Full Name (Last, First, Middle Initial)
Mailing Address 4200 NW 21ST STREET

City MIAMI State FL Zip Code 33126

Purpose of Disbursement
CARD SERVICES: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 03 / 2016

Amount of Each Disbursement this Period
21.53

Memo Item

Transaction ID : SB17.5909

B. JETBLUE

Full Name (Last, First, Middle Initial)
Mailing Address 27-01 QUEENS PLAZA NORTH

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
CARD SERVICES: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 22 / 2016

Amount of Each Disbursement this Period
187.10

Memo Item

Transaction ID : SB17.5968

C. BRIAN KOSS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2753

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 01 / 2016

Amount of Each Disbursement this Period
5000.00

Memo Item

Transaction ID : SB17.5819

SUBTOTAL of Disbursements This Page (optional)..... 5000.00

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

201607210200295531

**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 70 OF 113
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. BRIAN KOSS		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address PO BOX 2753		Amount of Each Disbursement this Period 177.12 <input type="checkbox"/> Memo Item
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.5820
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. BRIAN KOSS		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address PO BOX 2753		Amount of Each Disbursement this Period 281.04 <input type="checkbox"/> Memo Item
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement REIMBURSEMENTS: SEE MEMO	Transaction ID : SB17.5821
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. BRIAN KOSS		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016
Mailing Address PO BOX 2753		Amount of Each Disbursement this Period 550.80 <input type="checkbox"/> Memo Item
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.5859
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1008.96
TOTAL This Period (last page this line number only).....	

201607210200295532

**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 71 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. BRIAN KOSS		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016	
Mailing Address PO BOX 2753		Amount of Each Disbursement this Period 530.41	
City WINDERMERE	State FL	Zip Code 34786	<input type="checkbox"/> Memo Item
Purpose of Disbursement REIMBURSEMENTS: SEE MEMO		Category/ Type	Transaction ID : SB17.5860
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. BRIAN KOSS		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address PO BOX 2753		Amount of Each Disbursement this Period 5000.00	
City WINDERMERE	State FL	Zip Code 34786	<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.5878
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. L.L. BEAN INC.		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016	
Mailing Address PO BOX 1205		Amount of Each Disbursement this Period 732.40	
City ALBANY	State NY	Zip Code 12201	<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement CARD SERVICES: PRINTING & DESIGN SERVICES		Category/ Type	Transaction ID : SB17.5959
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5530.41
TOTAL This Period (last page this line number only).....	

201607210200295533

**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 72 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

A. MAJORITAS USA

Full Name (Last, First, Middle Initial)
Mailing Address 1629 K STREET SUITE 300
City WASHINGTON State DC Zip Code 20006
Purpose of Disbursement PLACED MEDIA
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)
State: District:

Date of Disbursement: 04 / 05 / 2016
Amount of Each Disbursement this Period: 6980.00
 Memo Item
Transaction ID : SB17.5751

B. MAJORITAS USA

Full Name (Last, First, Middle Initial)
Mailing Address 1629 K STREET SUITE 300
City WASHINGTON State DC Zip Code 20006
Purpose of Disbursement PLACED MEDIA
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)
State: District:

Date of Disbursement: 04 / 14 / 2016
Amount of Each Disbursement this Period: 15000.00
 Memo Item
Transaction ID : SB17.5765

C. SAMUEL MASCARO

Full Name (Last, First, Middle Initial)
Mailing Address 1610 SE 17TH AVE.
City OCALA State FL Zip Code 34471
Purpose of Disbursement TRAVEL: MILEAGE
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)
State: District:

Date of Disbursement: 06 / 21 / 2016
Amount of Each Disbursement this Period: 870.82
 Memo Item
Transaction ID : SB17.5866

SUBTOTAL of Disbursements This Page (optional) 22850.82
TOTAL This Period (last page this line number only)

201607210200295534

**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 73 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. SAMUEL MASCARO		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 1610 SE 17TH AVE.		Amount of Each Disbursement this Period 1500.00	
City OCALA	State FL	Zip Code 34471	<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type		
Candidate Name	Transaction ID : SB17.5893		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. SAMUEL MASCARO		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 1610 SE 17TH AVE.		Amount of Each Disbursement this Period 137.70	
City OCALA	State FL	Zip Code 34471	<input type="checkbox"/> Memo Item
Purpose of Disbursement TRAVEL: MILEAGE	Category/Type		
Candidate Name	Transaction ID : SB17.5894		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. METEORIC MEDIA STRATEGIES		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 317 EAST PARK AVE.		Amount of Each Disbursement this Period 10000.00	
City TALLAHASSEE	State FL	Zip Code 32312	<input type="checkbox"/> Memo Item
Purpose of Disbursement STRATEGY CONSULTING	Category/Type		
Candidate Name	Transaction ID : SB17.5782		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	11637.70
TOTAL This Period (last page this line number only).....	

201607210200295535

**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 74 OF 113
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. METEORIC MEDIA STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 317 EAST PARK AVE.		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Memo Item
City TALLAHASSEE	State FL	
Zip Code 32312	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.5841
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. METEORIC MEDIA STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 317 EAST PARK AVE.		Amount of Each Disbursement this Period 699.00 <input type="checkbox"/> Memo Item
City TALLAHASSEE	State FL	
Zip Code 32312	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.5842
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. METEORIC MEDIA STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016
Mailing Address 317 EAST PARK AVE.		Amount of Each Disbursement this Period 3195.56 <input type="checkbox"/> Memo Item
City TALLAHASSEE	State FL	
Zip Code 32312	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.5864
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	13894.56
TOTAL This Period (last page this line number only).....	

201607210200295536

**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 75 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. METEORIC MEDIA STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 317 EAST PARK AVE.		Amount of Each Disbursement this Period 30067.31 <input type="checkbox"/> Memo Item
City TALLAHASSEE	State FL	
Zip Code 32312	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.5891
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RICK MICHAELS		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 2603 S PARKVIEW STREET		Amount of Each Disbursement this Period 351.18 <input type="checkbox"/> Memo Item
City TAMPA	State FL	
Zip Code 33629	Purpose of Disbursement REIMBURSEMENTS: SEE MEMO	Transaction ID : SB17.5799
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MILLENNIUM CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016
Mailing Address P.O.BOX 568926		Amount of Each Disbursement this Period 4376.00 <input type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32856	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.5752
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	34794.49
TOTAL This Period (last page this line number only).....	

201607210200295537

**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 76 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. MILLENNIUM CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 04 / 14 / 2016
Mailing Address P.O.BOX 568926		Amount of Each Disbursement this Period 3580.00 <input type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32856	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.5766
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. MILLENNIUM CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address P.O.BOX 568926		Amount of Each Disbursement this Period 2350.00 <input type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32856	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.5856
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 2925 W CORP LAKES BLVD.		Amount of Each Disbursement this Period 50.37 <input checked="" type="checkbox"/> Memo Item
City WESTON	State FL	
Zip Code 33331	Purpose of Disbursement CARD SERVICES: OFFICE SUPPLIES	Transaction ID : SB17.5923
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	5930.00
TOTAL This Period (last page this line number only).....	

201607210200295538

**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 77 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 1771 WEST AVE.		Amount of Each Disbursement this Period 55.37 <input checked="" type="checkbox"/> Memo Item
City MIAMI BEACH	State FL	
Zip Code 33139	Purpose of Disbursement CARD SERVICES: OFFICE SUPPLIES	Transaction ID : SB17.5974
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. ORANGE COUNTY YOUTH REPUBLICANS		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 236 S. LUCERNE CIRCLE		Amount of Each Disbursement this Period 250.00 <input checked="" type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32801	Purpose of Disbursement CARD SERVICES: EVENT REGISTRATION FEE	Transaction ID : SB17.5951
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. PATRIOT PRODUCTION		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 13015 ROSELAND ROAD		Amount of Each Disbursement this Period 80.00 <input checked="" type="checkbox"/> Memo Item
City SEBASTIAN	State FL	
Zip Code 32958	Purpose of Disbursement CARD SERVICES: EVENT REGISTRATION FEE	Transaction ID : SB17.5979
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201607210200295539

**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 78 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. PRICELINE.COM		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016	
Mailing Address 800 CONNECTICUT AVE.		Amount of Each Disbursement this Period 305.18	
City NORWALK	State CT	Zip Code 06854	<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement ISAAC REIMBURSEMENT: TRAVEL: LODGING		Category/Type	
Candidate Name		Transaction ID : SB17.5899	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. PUBLIX		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016	
Mailing Address 4870 S APOPKA VINELND ROAD		Amount of Each Disbursement this Period 165.00	
City ORLANDO	State FL	Zip Code 32819	<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement KOSS REIMBURSEMENT: TRAVEL: FUEL		Category/Type	
Candidate Name		Transaction ID : SB17.5917	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. RACEWAY		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016	
Mailing Address 6077 DUNCAN ROAD		Amount of Each Disbursement this Period 38.50	
City PUNTA GORDA	State FL	Zip Code 33950	<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement CARD SERVICES: TRAVEL: FUEL		Category/Type	
Candidate Name		Transaction ID : SB17.5924	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201607210200295540

**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 79 OF 113
	<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)
TODD WILCOX FOR US SENATE

A. RACEWAY

Full Name (Last, First, Middle Initial)
Mailing Address 6077 DUNCAN ROAD

City PUNTA GORDA State FL Zip Code 33950

Purpose of Disbursement
CARD SERVICES: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 23 / 2016

Amount of Each Disbursement this Period
34.51

Memo Item

Transaction ID : SB17.5989

B. JESUS RAMON

Full Name (Last, First, Middle Initial)
Mailing Address 1317 BAYTHORN DRIVE

City WESLEY CHAPEL State FL Zip Code 33543

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 13 / 2016

Amount of Each Disbursement this Period
300.00

Memo Item

Transaction ID : SB17.5839

C. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
04 / 05 / 2016

Amount of Each Disbursement this Period
85.13

Memo Item

Transaction ID : SB17.5753

SUBTOTAL of Disbursements This Page (optional)..... 385.13

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

201607210200295541

**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 80 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial)
A. RED CURVE SOLUTIONS

Mailing Address **138 CONANT STREET
2ND FLOOR**

City **BEVERLY** State **MA** Zip Code **01915**

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
04 / 14 / 2016

Amount of Each Disbursement this Period
3534.97
 Memo Item

Transaction ID : **SB17.5767**

Full Name (Last, First, Middle Initial)
B. RED CURVE SOLUTIONS

Mailing Address **138 CONANT STREET
2ND FLOOR**

City **BEVERLY** State **MA** Zip Code **01915**

Purpose of Disbursement
POSTAGE

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
04 / 28 / 2016

Amount of Each Disbursement this Period
30.57
 Memo Item

Transaction ID : **SB17.5773**

Full Name (Last, First, Middle Initial)
C. RED CURVE SOLUTIONS

Mailing Address **138 CONANT STREET
2ND FLOOR**

City **BEVERLY** State **MA** Zip Code **01915**

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
05 / 23 / 2016

Amount of Each Disbursement this Period
3500.00
 Memo Item

Transaction ID : **SB17.5797**

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

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

Amount of Each Disbursement this Period
7065.54

201607210200295542

**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 81 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement
Mailing Address 138 CONANT STREET 2ND FLOOR		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement POSTAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="49.15"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5845
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement
Mailing Address 138 CONANT STREET 2ND FLOOR		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2016"/>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5846
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement
Mailing Address 138 CONANT STREET 2ND FLOOR		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement POSTAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="17.38"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5857
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="3566.53"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

201607210200295543

**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 82 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

A. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 06 / 27 / 2016

Amount of Each Disbursement this Period 17.38

Memo Item

Transaction ID : SB17.5892

B. RESIDENCE INN

Full Name (Last, First, Middle Initial)
Mailing Address 4801 ANGLERS AVE.

City DANIA BEACH State FL Zip Code 33312

Purpose of Disbursement CARD SERVICES:TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 06 / 22 / 2016

Amount of Each Disbursement this Period 352.98

Memo Item

Transaction ID : SB17.5963

C. SEMINOLE COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 151643

City ALTAMONTE SPRINGS State FL Zip Code 32715

Purpose of Disbursement EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 06 / 09 / 2016

Amount of Each Disbursement this Period 300.00

Memo Item

Transaction ID : SB17.5850

SUBTOTAL of Disbursements This Page (optional)..... 317.38

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

201607210200295544

**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 83 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. SHARK TANK MEDIA, LLC		Date of Disbursement	
Mailing Address 211 SW 14 STREET		MM / DD / YYYY 06 / 01 / 2016	
City POMPANO BEACH	State FL	Zip Code 33060	Amount of Each Disbursement this Period
Purpose of Disbursement PLACED MEDIA		850.00	
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Transaction ID : SB17.5852	

Full Name (Last, First, Middle Initial) B. SINPLICITY		Date of Disbursement	
Mailing Address 217 3RD STREET SE		MM / DD / YYYY 06 / 20 / 2016	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement BOGART REIMBURSEMENT: OFFICE SUPPLIES		159.50	
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Transaction ID : SB17.5928	

Full Name (Last, First, Middle Initial) C. SOUTHWEST		Date of Disbursement	
Mailing Address 2702 LOVE FIELD DRIVE		MM / DD / YYYY 06 / 22 / 2016	
City DALLAS	State TX	Zip Code 75235	Amount of Each Disbursement this Period
Purpose of Disbursement CARD SERVICES: TRAVEL: AIR		177.98	
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Transaction ID : SB17.5966	

SUBTOTAL of Disbursements This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

201607210200295545

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial)
A. SQUARE, INC.

Date of Disbursement

M M	D D	Y Y Y Y
05	11	2016

Mailing Address **110 5TH STREET**

Amount of Each Disbursement this Period

17.65

 Memo Item

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
MERCHANT FEES

Category/Type

Candidate Name

Transaction ID : **SB17.5785**

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)
B. SQUARE, INC.

Date of Disbursement

M M	D D	Y Y Y Y
05	17	2016

Mailing Address **110 5TH STREET**

Amount of Each Disbursement this Period

0.50

 Memo Item

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
MERCHANT FEES

Category/Type

Candidate Name

Transaction ID : **SB17.5791**

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)
C. SQUARE, INC.

Date of Disbursement

M M	D D	Y Y Y Y
05	20	2016

Mailing Address **110 5TH STREET**

Amount of Each Disbursement this Period

103.55

 Memo Item

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
MERCHANT FEES

Category/Type

Candidate Name

Transaction ID : **SB17.5795**

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

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

121.70

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

201607210200295546

**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 85 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. SQUARE, INC.		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 369.40	
City SAN FRANCISCO	State CA	Zip Code 94103	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		Transaction ID : SB17.5802
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) B. SQUARE, INC.		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 12.55	
City SAN FRANCISCO	State CA	Zip Code 94103	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		Transaction ID : SB17.5805
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) C. SQUARE, INC.		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 17.65	
City SAN FRANCISCO	State CA	Zip Code 94103	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		Transaction ID : SB17.5853
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	399.60
TOTAL This Period (last page this line number only).....	

201607210200295547

**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 86 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. SQUARE, INC.		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 17.65	
City SAN FRANCISCO	State CA	Zip Code 94103	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Transaction ID : SB17.5867		

Full Name (Last, First, Middle Initial) B. SQUARE, INC.		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 17.65	
City SAN FRANCISCO	State CA	Zip Code 94103	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Transaction ID : SB17.5871		

Full Name (Last, First, Middle Initial) C. SQUARE, INC.		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 35.30	
City SAN FRANCISCO	State CA	Zip Code 94103	<input type="checkbox"/> Memo Item
Purpose of Disbursement MERCHANT FEES	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Transaction ID : SB17.5876		

SUBTOTAL of Disbursements This Page (optional).....	70.60
TOTAL This Period (last page this line number only).....	

201607210200295548

**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 87 OF 113			
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 500 STAPLES DRIVE		Amount of Each Disbursement this Period 115.54	
City FRAMINGHAM	State MA	Zip Code 01702	<input type="checkbox"/> Category/ Type
Purpose of Disbursement CARD SERVICES: OFFICE SUPPLIES		<input checked="" type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : SB17.5986
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. SUNSHINE STATE NEWS		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 942 US HIGHWAY 1		Amount of Each Disbursement this Period 1196.00	
City MALABAR	State FL	Zip Code 32950	<input type="checkbox"/> Category/ Type
Purpose of Disbursement CARD SERVICES: PLACED MEDIA		<input checked="" type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : SB17.5949
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016	
Mailing Address 182 HOWARD STREET, SUITE 8		Amount of Each Disbursement this Period 10.80	
City SAN FRANCISCO	State CA	Zip Code 94105	<input type="checkbox"/> Category/ Type
Purpose of Disbursement BOGART REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		<input checked="" type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : SB17.5932
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201607210200295549

**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 88 OF 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. UNIVERSITY CLUB OF TAMPA		Date of Disbursement
Mailing Address 201 N. FRANKLIN STREET SUITE 3800		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City TAMPA State FL Zip Code 33602	Purpose of Disbursement MICHAELS REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	Amount of Each Disbursement this Period <input type="text" value="351.18"/>
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5911
State: District:		

Full Name (Last, First, Middle Initial) B. UNIVERSITY INN		Date of Disbursement
Mailing Address 830 W KENNEDY BLVD.		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City TAMPA State FL Zip Code 33606	Purpose of Disbursement CARD SERVICES: TRAVEL: LODGING	Amount of Each Disbursement this Period <input type="text" value="88.48"/>
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5906
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 900 BRENTWOOD RD NE		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City WASHINGTON State DC Zip Code 20066	Purpose of Disbursement WILCOX: IN-KIND: POSTAGE	Amount of Each Disbursement this Period <input type="text" value="45.30"/>
Candidate Name	Category/Type	<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.5999
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="0.00"/>

201607210200295550

**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 89 OF 113			
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016	
Mailing Address 900 BRENTWOOD RD NE		Amount of Each Disbursement this Period 99.85	
City WASHINGTON	State DC	Zip Code 20066	Category/ Type
Purpose of Disbursement CARD SERVICES: POSTAGE		<input type="checkbox"/>	
Candidate Name		Transaction ID : SB17.5926	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 900 BRENTWOOD RD NE		Amount of Each Disbursement this Period 84.60	
City WASHINGTON	State DC	Zip Code 20066	Category/ Type
Purpose of Disbursement CARD SERVICES: POSTAGE		<input type="checkbox"/>	
Candidate Name		Transaction ID : SB17.5947	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 900 BRENTWOOD RD NE		Amount of Each Disbursement this Period 75.60	
City WASHINGTON	State DC	Zip Code 20066	Category/ Type
Purpose of Disbursement CARD SERVICES: POSTAGE		<input type="checkbox"/>	
Candidate Name		Transaction ID : SB17.5977	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201607210200295551

**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 90 OF 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. VISTAPRINT		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 95 HAYDEN AVE.		Amount of Each Disbursement this Period 117.99 <input checked="" type="checkbox"/> Memo Item
City LEXINGTON State MA Zip Code 02421	Purpose of Disbursement CARD SERVICES: PRINTING & DESIGN SERVICES Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5904
State: District:		

Full Name (Last, First, Middle Initial) B. VISTAPRINT		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 95 HAYDEN AVE.		Amount of Each Disbursement this Period 162.98 <input checked="" type="checkbox"/> Memo Item
City LEXINGTON State MA Zip Code 02421	Purpose of Disbursement CARD SERVICES: PRINTING & DESIGN SERVICES Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5921
State: District:		

Full Name (Last, First, Middle Initial) C. VISTAPRINT		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 95 HAYDEN AVE.		Amount of Each Disbursement this Period 129.65 <input checked="" type="checkbox"/> Memo Item
City LEXINGTON State MA Zip Code 02421	Purpose of Disbursement CARD SERVICES: PRINTING & DESIGN SERVICES Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5964
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201607210200295552

**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 113
	<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)
TODD WILCOX FOR US SENATE

A. VISTAPRINT

Full Name (Last, First, Middle Initial)
Mailing Address 95 HAYDEN AVE.

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement
CARD SERVICES: PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 23 / 2016

Amount of Each Disbursement this Period: 316.99

Memo Item

Transaction ID : SB17.5982

B. WESTSIDE REPUBLICAN CLUB

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1282

City HILLIARD State FL Zip Code 32046

Purpose of Disbursement
FASSI REIMBURSEMENT: TRAVEL: EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 21 / 2016

Amount of Each Disbursement this Period: 15.00

Memo Item

Transaction ID : SB17.5936

C. HEATHER WILCOX

Full Name (Last, First, Middle Initial)
Mailing Address 3823 SANDSTONE CT

City NEW SMYRNA BEACH State FL Zip Code 32169

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 27 / 2016

Amount of Each Disbursement this Period: 300.00

Memo Item

Transaction ID : SB17.5888

SUBTOTAL of Disbursements This Page (optional)..... 300.00

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

201607210200295553

**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 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. TODD WILCOX		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO BOX 616308		Amount of Each Disbursement this Period 1339.85 <input type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32861	Purpose of Disbursement IN-KIND: TRAVEL & POSTAGE SEE MEMOS	Transaction ID : SB17.5995
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 00	

Full Name (Last, First, Middle Initial) B. GREGORY M. WILLIAMS		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 59 EQUINE DRIVE		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item
City CRAWFORDVILLE	State FL	
Zip Code 32327	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.5886
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. GREGORY M. WILLIAMS		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 59 EQUINE DRIVE		Amount of Each Disbursement this Period 314.25 <input type="checkbox"/> Memo Item
City CRAWFORDVILLE	State FL	
Zip Code 32327	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.5887
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	4154.10
TOTAL This Period (last page this line number only).....	

201607210200295554

**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 113	
	<input checked="" type="checkbox"/> 17 <input 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)
TODD WILCOX FOR US SENATE

A. WINTER PARK REPUBLICAN WOMEN

Full Name (Last, First, Middle Initial)
Mailing Address 2111 VIA TUSCANY

City State Zip Code
WINTER PARK FL 32789

Purpose of Disbursement
FOWLKES REIMBURSEMENT: EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 03 / 2016

Amount of Each Disbursement this Period
25.00

Memo Item

Transaction ID : SB17.5903

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	369885.75

201607210200295555

**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 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. BRENTWOOD INVESTMENTS, LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 5036 DR. PHILLIPS BLVD. #314		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City ORLANDO State FL Zip Code 32819	Purpose of Disbursement CONTRIBUTION REFUND Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB20A.6007
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. MS. JENNIFER BUSH		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 3110 CAMP ROAD		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City OVIEDO State FL Zip Code 32765	Purpose of Disbursement CONTRIBUTION REFUND Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB20A.6027
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. MR. SHAWN BUSH		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 3100 CAMP RD		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City OVIEDO State FL Zip Code 32765	Purpose of Disbursement CONTRIBUTION REFUND Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB20A.6041
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

201607210200295556

**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 113
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. MR. WILLIAM A V CECIL JR.		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address PO BOX 5375		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City ASHEVILLE	State NC	
Zip Code 28813	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6045
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMMAR CHARANI		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 8280 TIBET BUTLER DRIVE		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6003
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CYNTHIA COFRANCESCO		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 3829 WINDING LAKE CIRCLE		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6014
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

201607210200295557

**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 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. EDWARD COFRANCESCO		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 3829 WINDING LAKE CIRCLE		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6020
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MS. CAROL CRAIG		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 2090 EASTWOOD DR		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City MERRITT ISLAND	State FL	
Zip Code 32952	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6011
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. THOMAS DEBENADETTO		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 15140 FIDDLESTICKS BLVD.		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City FORT MYERS	State FL	
Zip Code 33912	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6044
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

201607210200295558

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. MR. AUGIE K FABELA II

Full Name (Last, First, Middle Initial)

Mailing Address 7401 BAY COLONY DRIVE

City NAPLES State FL Zip Code 34108

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement MM/DD/YYYY 06/30/2016

Amount of Each Disbursement this Period 2700.00

Memo Item

Transaction ID : SB20A.6005

B. MRS. KATHLEEN L FABELA

Full Name (Last, First, Middle Initial)

Mailing Address 7401 BAY COLONY DRIVE

City NAPLES State FL Zip Code 34108

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement MM/DD/YYYY 06/30/2016

Amount of Each Disbursement this Period 2700.00

Memo Item

Transaction ID : SB20A.6029

C. MR. KENNETH J FELD

Full Name (Last, First, Middle Initial)

Mailing Address 2001 US HWY 301

City PALMETTO State FL Zip Code 34221

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement MM/DD/YYYY 06/30/2016

Amount of Each Disbursement this Period 2700.00

Memo Item

Transaction ID : SB20A.6030

SUBTOTAL of Disbursements This Page (optional)..... 8100.00

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

201607210200295559

**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 113	
	<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)
TODD WILCOX FOR US SENATE

A. MR. BAXTER HAYES

Full Name (Last, First, Middle Initial)
Mailing Address 3000 1ST ST S

City JACKSONVILLE State FL Zip Code 32250

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6006

B. MS. TERESA HAYES

Full Name (Last, First, Middle Initial)
Mailing Address 3000 1ST ST S

City JACKSONVILLE State FL Zip Code 32250

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6043

C. MR. DANIEL R HUNT

Full Name (Last, First, Middle Initial)
Mailing Address 189 S ORANGE AVE., STE 870

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6016

SUBTOTAL of Disbursements This Page (optional)..... 8100.00

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

201607210200295560

**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 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. MRS. LAILA A HUSSAIN		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 11861 CAMDEN PARK DRIVE		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6031
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. RIZWAN S HUSSAIN		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 11861 CAMDEN PARK DRIVE		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6038
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MRS. CHANTELLE JOHNSON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1123 MORRIS AVENUE		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City ORLANDO	State FL	
Zip Code 32803	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6012
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

201607210200295561

**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 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. MR. PETER R KASSABOV		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 851 VIRGINIA DR		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City WINTER PARK	State FL	
Zip Code 32789	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6036
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. BRETT KEITH		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 55 WATER MILL TOWD RD		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City WATER MILL	State NY	
Zip Code 11976	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6009
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. STEPHEN H LANG		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 9018 SPENCE COURT		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Memo Item
City GOTHA	State FL	
Zip Code 34734	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6042
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	

201607210200295562

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

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

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2016

Mailing Address **1000 SOUTH OCEAN BLVD.
#404**

Amount of Each Disbursement this Period

2700.00

 Memo Item

City State Zip Code
BOCA RATON FL 33432

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name Category/Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify)

Transaction ID : **SB20A.6024**

Full Name (Last, First, Middle Initial)
B. MS. DOROTHY LIDSKY

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2016

Mailing Address **5910 CAYMUS LOOP**

Amount of Each Disbursement this Period

2700.00

 Memo Item

City State Zip Code
WINDERMERE FL 34786

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name Category/Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify)

Transaction ID : **SB20A.6018**

Full Name (Last, First, Middle Initial)
C. MR. ISSAC LIDSKY

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2016

Mailing Address **5910 CAYMUS LOOP**

Amount of Each Disbursement this Period

2700.00

 Memo Item

City State Zip Code
WINDERMERE FL 34786

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name Category/Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify)

Transaction ID : **SB20A.6025**

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

8100.00

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

201607210200295563

**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 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. MR. GEORGE LIVINGSTON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1800 PEMBROOK DRIVE SUITE 350		Amount of Each Disbursement this Period 2451.39 <input type="checkbox"/> Memo Item
City ORLANDO State FL Zip Code 32810	Purpose of Disbursement CONTRIBUTION REFUND Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB20A.6023
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. MR. DOUG LONG		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 12540 PARK AVE.		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City WINDERMERE State FL Zip Code 34786	Purpose of Disbursement CONTRIBUTION REFUND Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB20A.6019
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. MS. LAURINDA LOTT		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 8280 TIBET BUTLER DRIVE		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City WINDERMERE State FL Zip Code 34786	Purpose of Disbursement CONTRIBUTION REFUND Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB20A.6032
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7851.39
TOTAL This Period (last page this line number only).....	

201607210200295564

**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 113	
	<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)
TODD WILCOX FOR US SENATE

A. MR. J PATRICK MICHAELS

Full Name (Last, First, Middle Initial)

Mailing Address 101 EAST KENNEDY BOULEVARD
SUITE 3300

City TAMPA State FL Zip Code 33602

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6026

B. MRS. MARY J NUNIS

Full Name (Last, First, Middle Initial)

Mailing Address 6324 DEACON CIRCLE

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6034

C. MR. RICHARD NUNIS

Full Name (Last, First, Middle Initial)

Mailing Address 6324 DEACON CIRCLE

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6037

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

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

8100.00

201607210200295565

**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 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. MR. SAL NUNZIATA		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 2351 FORREST ROAD		Amount of Each Disbursement this Period 330.00 <input type="checkbox"/> Memo Item
City WINTER PARK	State FL	
Zip Code 32789	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6040
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ATHSOLE OLSON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address PO BOX 334		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City MORAN	State WY	
Zip Code 83013	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6004
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. DARIN OLSON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address P.O. BOX 334		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City MORAN	State WV	
Zip Code 83013	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.6017
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5730.00
TOTAL This Period (last page this line number only).....	

201607210200295566

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

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

FOR LINE NUMBER: PAGE 105 OF 113
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. MR. WILLIAM PARKER

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 950028

City LAKE MARY State FL Zip Code 32795

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 2700.00

Memo Item

Transaction ID : SB20A.6046

B. MR. LEMAN M PORTER

Full Name (Last, First, Middle Initial)
Mailing Address 2501 ALAQUA DRIVE

City LONGWOOD State FL Zip Code 32779

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 700.00

Memo Item

Transaction ID : SB20A.6033

C. MR. BRIAN SCOTT

Full Name (Last, First, Middle Initial)
Mailing Address 1123 MORRIS AVENUE

City ORLANDO State FL Zip Code 32803

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 2700.00

Memo Item

Transaction ID : SB20A.6010

SUBTOTAL of Disbursements This Page (optional)..... 6100.00

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

201607210200295567

**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 113	
	<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)
TODD WILCOX FOR US SENATE

A. MR. FAROUK SHAMI

Full Name (Last, First, Middle Initial)
Mailing Address 66 WINDWARD COVE

City SPRING State TX Zip Code 77381

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6022

B. MRS. ELLEN TERESI

Full Name (Last, First, Middle Initial)
Mailing Address 2400 LAGUNA DRIVE

City FORT LAUDERDALE State FL Zip Code 33316

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6021

C. MR. JOSEPH TERESI

Full Name (Last, First, Middle Initial)
Mailing Address 2400 LAGUNA DRIVE

City FORT LAUDERDALE State FL Zip Code 33316

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6028

SUBTOTAL of Disbursements This Page (optional)..... 8100.00

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

201607210200295568

**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 113
	<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)
TODD WILCOX FOR US SENATE

A. MR. DAN VIGDOR

Full Name (Last, First, Middle Initial)
Mailing Address 6645 SW 102ND STREET

City MIAMI State FL Zip Code 33156

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6015

B. MR. RON VIGDOR

Full Name (Last, First, Middle Initial)
Mailing Address 225 NE MIZNER BOULEVARD SUITE 675

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6039

C. MR. CLIFTON WILCOX

Full Name (Last, First, Middle Initial)
Mailing Address 9509 LAUREL OAK DRIVE

City FREDERICKSBURG State VA Zip Code 22407

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : SB20A.6013

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

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

8100.00

201607210200295569

**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 113	
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. NARGIZA WILCOX		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 9509 LAUREL OAK DRIVE		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City FREDERICKSBURG	State VA	
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name	Transaction ID : SB20A.6035	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name	Transaction ID : SB20A.6035	
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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name	Transaction ID : SB20A.6035	
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).....	2700.00
TOTAL This Period (last page this line number only).....	111081.39

201607210200295570

**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)

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

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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial)

A. CNL FINANCIAL GROUP INC POLITICAL ACTION COMMITTEE

Mailing Address 450 S ORANGE AVENUE SUITE 1400

City State Zip Code
ORLANDO FL 32801

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period

400.00

Memo Item

Transaction ID : SB20C.6002

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

400.00

400.00

201607210200295571

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

Transaction ID : SC/10.4190

NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS* Memo Item

TODD WILCOX

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 616308

City State ZIP Code
ORLANDO FL 32861

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS Date Incurred Date Due Interest Rate Secured:
06 / 18 / 2015 M M / D D / 12/31/2018 0.00 % (apr) Yes 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: []

SUBTOTALS This Period This Page (optional)... ▶ 100000.00
TOTALS This Period (last page in this line only).. ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201607210200295572

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **TODD WILCOX FOR US SENATE** Transaction ID : SC/10.4191

LOAN SOURCE Full Name (Last, First, Middle Initial) **TODD WILCOX** *PERSONAL FUNDS* Memo Item

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 616308

City State ZIP Code
ORLANDO FL 32861

Original Amount of Loan **400000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **400000.00**

TERMS

Date Incurred **09 / 30 / 2015** Date Due **12/31/2018** Interest Rate **0.00** % (apr) Secured: Yes 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: 0.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

SUBTOTALS This Period This Page (optional)... **400000.00**

TOTALS This Period (last page in this line only).. **400000.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201607210200295573

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

Transaction ID : SC/10.4770

NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item

TODD WILCOX

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 616308

City State ZIP Code
ORLANDO FL 32861

Original Amount of Loan 250000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
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TERMS

Date Incurred: M 12 / D 31 / Y 2015
Date Due: M M / D D / Y 12/31/2018
Interest Rate: 0.00 % (apr)
Secured: Yes 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: []

SUBTOTALS This Period This Page (optional)..... ▶ 250000.00
TOTALS This Period (last page in this line only).. ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201607210200295574

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **TODD WILCOX FOR US SENATE** Transaction ID : **SC/10.5479**

LOAN SOURCE Full Name (Last, First, Middle Initial) **TODD WILCOX** *PERSONAL FUNDS* Memo Item

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 616308

City State ZIP Code
ORLANDO FL 32861

Original Amount of Loan **250000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **250000.00**

TERMS Date Incurred **03 / 31 / 2016** Date Due **12/31/2018** Interest Rate **0.00** % (apr) Secured: Yes 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: 0.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

SUBTOTALS This Period This Page (optional)... **250000.00**
TOTALS This Period (last page in this line only)... **1000000.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201607210200295575

OPEN FOR INSPECTION



United States Senate Post Office

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ORIGIN ID:MXGA (617) 303-6800
BRAD
RED CURVE SOLUTIONS
138 CONANT ST
2ND FLOOR
BEVERLY, MA 01915
UNITED STATES US

SHIP DATE: 15 JUL 16
ACTWGT: 0.30 LB
CAD: 105653717/NET3730

BILL SENDER

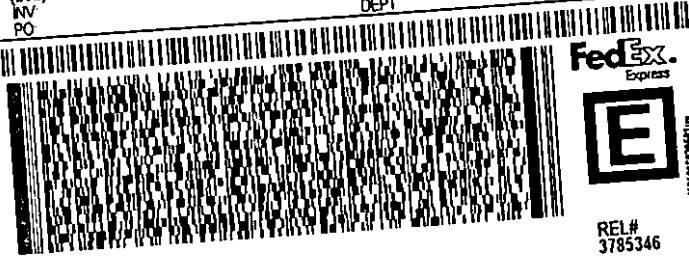
TO SENATE OFFICE OF PUBLIC RECORDS
SENATE OFFICE OF PUBLIC RECORDS
232 HART SENATE OFFICE BUILDING

540J16C801727F

WASHINGTON DC 20510
REF TODD WILCOX FOR US SENATE

(202) 224-0322
NY
PO

DEPT



REL# 3785346

MON - 18 JUL 3:00P
STANDARD OVERNIGHT

TRK# 7767 5914 3180
0201

SA YKNA

DC-US IAD 20510



29 2 16:00 3180 07.18

ESS



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JUL 18 2016

Senate

JUL 18 2016



20150720200295576

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	07/15/16	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

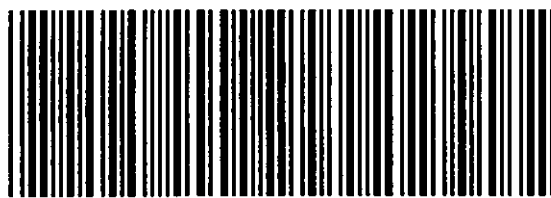
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

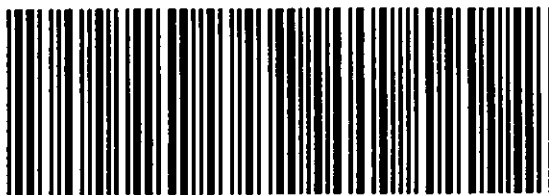
OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **7-20-16**

201607210200295577



SEN PATCH



SEN PATCH

201607210200295578