

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

TED YOHO FOR CONGRESS

ADDRESS (number and street)

5745 SW 75TH STREET, #283

Check if different than previously reported. (ACC)

GAINESVILLE

FL

32608

2. FEC IDENTIFICATION NUMBER ▼

C C00494583

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 04 /

2014

in the State of

FL

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 /

2014

through

M M / D D / Y Y Y Y

11 / 24 /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LAURA JACKSON

Signature of Treasurer LAURA JACKSON

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 04 /

2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TED YOHO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="37781.06"/>	<input type="text" value="776347.38"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="7698.90"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="37781.06"/>	<input type="text" value="768648.48"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="103619.88"/>	<input type="text" value="724985.86"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="2641.23"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="103619.88"/>	<input type="text" value="722344.63"/>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<input type="text" value="106174.93"/>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**TED YOHO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="22449.22"/>	<input type="text" value="452015.11"/>	<input type="text" value="2600"/>
(ii) Unitemized		
<input type="text" value="2731.84"/>	<input type="text" value="70454.73"/>	<input type="text" value="0"/>
(iii) Total of contributions from individuals		
<input type="text" value="25181.06"/>	<input type="text" value="522469.84"/>	<input type="text" value="2600"/>
(b) Political Party Committees		
<input type="text" value="500.00"/>	<input type="text" value="1150.00"/>	<input type="text" value="0"/>
(c) Other Political Committees		
<input type="text" value="12100.00"/>	<input type="text" value="252727.54"/>	<input type="text" value="0"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 52

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
37781.06	776347.38	2600
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	33052.21	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0
(b) All Other Loans		
0.00	0.00	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	2641.23	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
37781.06	812040.82	2600

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 52

Write or Type Committee Name

TED YOHO FOR CONGRESS

 Report Covering the Period: From:  /  /  To:  /  / 
**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
103619.88	724985.86	59291.49
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	37303.21	0
(b) Of All Other Loans		
0.00	0.00	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	37303.21	0
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	7448.90	0
(b) Political Party Committees		
0.00	0.00	0

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 52

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	250.00	0
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	7698.90	0
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**21. OTHER DISBURSEMENTS**

600.00	29170.00	250
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

104219.88	799157.97	59541.49
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

37781.06	768648.48	2600.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

103619.88	722344.63	59291.49
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	172613.75
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	37781.06
25. SUBTOTAL (add Line 23 and Line 24).....	210394.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104219.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	106174.93

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KATHLEEN BENTON**

Mailing Address 3641 NW 23RD PL.

City Gainesville State FL Zip Code 32605

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

Name of Employer BENTON PEDIATRICS Occupation RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **860.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13149**

Amount of Each Receipt this Period  
**260.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARY J. BIRD**

Mailing Address 1014 NE 3RD ST.

City Gainesville State FL Zip Code 32601

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13150**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 259 NW RHODEN GLEN

City Lake City State FL Zip Code 32055

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.13110**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1410.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

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

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

City Gainesville State FL Zip Code 32609

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

Name of Employer CHESHIRE FAMILY COMPANY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13163**

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT C. CHILDRESS III**

Mailing Address POST OFFICE BOX 1233

City Branford State FL Zip Code 32008

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.13162**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 3830 CROWN POINT RD.

City Jacksonville State FL Zip Code 32257

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

Name of Employer SELF EMPLOYED Occupation CLARY ENGINEERING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2593.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.13194**

Amount of Each Receipt this Period  
130.56

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

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

235.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

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

Mailing Address 820 NORTHWEST 22ND TERRACE

City State Zip Code  
GAINESVILLE FL 32605

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

Name of Employer Occupation  
COLLIER COMPANY PRINCIPAL/CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4759.95

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.13183**

Amount of Each Receipt this Period  
1009.95

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

Mailing Address 8 INDIAN CREEK ISLAND RD.

City State Zip Code  
INDIAN CREEK VILLA FL 33154

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

Name of Employer Occupation  
CONSUMERCLUB.COM EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.13206**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 13620 SW 89TH AVE.

City State Zip Code  
ARCHER FL 32618

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

Name of Employer Occupation  
ARCHER AUTOMOTIVE OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1738.50

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.13111**

Amount of Each Receipt this Period  
1000.00

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

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

2259.95

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HORST FERRERO**

Mailing Address 105 SOUTHWEST 128TH STREET  
SUITE 200

City State Zip Code  
JONESVILLE FL 32669

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.13180**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**GATE RECEIPTS@ CANTERBURY 10/16 EVENT**

Mailing Address 2032 CR 220

City State Zip Code  
ORANGE PARK FL 32003

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
440.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.13276**

Amount of Each Receipt this Period  
440.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RODERICK F. GONZALEZ**

Mailing Address 24514 NW 78TH AVE.

City State Zip Code  
ALACHUA FL 32616

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

Name of Employer Occupation  
HEALTHCARE RISK MANAGEMENT BUSINESS ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1310.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.13151**

Amount of Each Receipt this Period  
60.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 52  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GUY HALE**

Mailing Address 15701 NORTHWEST 278TH AVENUE

City ALACHUA State FL Zip Code 32615

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11A1.13112**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ELLISON E. HARDEE**

Mailing Address 5750 NORTHWEST 135TH STREET

City CHIEFLAND State FL Zip Code 32625

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11A1.13146**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 5650 NORTHWEST 135TH STREET

City CHIEFLAND State FL Zip Code 32626

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11A1.13147**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DR. BERNARD R. HASKINS**

Mailing Address **POST OFFICE BOX 490**

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

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

Name of Employer **BERNIE HASKINS COMPANY** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11AI.13315**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address **22024 NW 188 ST.**

City **HIGH SPRINGS** State **FL** Zip Code **32643**

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

Name of Employer **HILLTOP ANIMAL HOSPITAL** Occupation **VETERINARIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : SA11AI.13155**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **9485 NW 23RD PL.**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**230.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : SA11AI.13152**

Amount of Each Receipt this Period  
**30.00**

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

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

**630.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 52

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS H. JONES**

Mailing Address 15743 SW 143RD AVE.

City ARCHER State FL Zip Code 32618

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

Name of Employer DIGNITY HEALTH Occupation ANALYST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13170**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 722 SOUTHEAST HERITAGE COURT

City BRANFORD State FL Zip Code 32008

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 321.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.13201**

Amount of Each Receipt this Period  
 261.12

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

Mailing Address 6790 SOUTHEAST 91ST TRAIL

City TRENTON State FL Zip Code 32693

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13154**

Amount of Each Receipt this Period  
 100.00

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

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

611.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

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

Mailing Address 529 NW 58TH ST

City Gainesville State FL Zip Code 32607

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

Name of Employer CADE MUSEUM FOUNDATION Occupation VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.13207**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 2808 NORTHWEST SR 45

City Newberry State FL Zip Code 32669

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

Name of Employer NORFLEET CATTLE COMPANY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4477.44

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.13113**

Amount of Each Receipt this Period  
2226.00

IN-KIND:EVENT CATERING

**C.** Full Name (Last, First, Middle Initial)  
**PASS THE HAT DONATIONS @ CANTERBURY EVENT 10.18.14**

Mailing Address 2032 CR 220

City Orange Park State FL Zip Code 32003

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2454.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13175**

Amount of Each Receipt this Period  
2454.00

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

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

7180.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EARL PEELER**

Mailing Address 1258 SW SISTERS WELCOME RD.

City LAKE CITY State FL Zip Code 32025

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.13144**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO BOX 311

City LAKE BUTLER State FL Zip Code 32054

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

Name of Employer PRITCHETT TRUCKING Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.13177**

Amount of Each Receipt this Period  
250.00

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

Mailing Address POST OFFICE BOX 233

City LAKE BUTLER State FL Zip Code 32054

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

Name of Employer SELF EMPLOYED Occupation SWIFT CREEK REALTY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1437.25

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.13320**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JASON ROSENBERG**

Mailing Address 7117 NW 20TH PL

City Gainesville State FL Zip Code 32605

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1009.95

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.13182**

Amount of Each Receipt this Period  
1009.95

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

Mailing Address PO BOX 1252

City Alachua State FL Zip Code 32616

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13167**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. STEPHEN A. SHORES**

Mailing Address 9503 NE COUNTY RD 1469

City EALETON State FL Zip Code 32631

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

Name of Employer SHORES ANIMAL HOSPITAL Occupation VETERINARIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.13178**

Amount of Each Receipt this Period  
500.00

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

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

1609.95

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ANGELA J. STANLEY**

Mailing Address 1022 SW 112TH ST

City Gainesville State FL Zip Code 32607

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2014

**Transaction ID : SA11AI.13326**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 8436 NW 4TH PL.

City Gainesville State FL Zip Code 32607

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

Name of Employer FLORIDA CREDIT UNION Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.13161**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 17829 NW 20TH AVE.

City Newberry State FL Zip Code 32669

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

Name of Employer SELF EMPLOYED Occupation TECHNOLOGY CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.13188**

Amount of Each Receipt this Period  
 32.64

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

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

2882.64

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

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

FOR LINE NUMBER: PAGE 18 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SONNY TILLMAN**

Mailing Address **POST OFFICE BOX 1829**

City **HIGH SPRINGS** State **FL** Zip Code **32655**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
**10 / 18 / 2014**

**Transaction ID : SA11A1.13164**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT S. TOLMACH**

Mailing Address **10011 SW 67TH DR.**

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

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**220.00**

Date of Receipt  
**10 / 18 / 2014**

**Transaction ID : SA11A1.13173**

Amount of Each Receipt this Period  
**60.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. PHILLIP M. WHISLER**

Mailing Address **6614 SW 80TH ST.**

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

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**360.00**

Date of Receipt  
**10 / 18 / 2014**

**Transaction ID : SA11A1.13156**

Amount of Each Receipt this Period  
**60.00**

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

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

**370.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 19 OF 52

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. W J WHITEHURST**

Mailing Address 5250 NORTHEAST 220TH AVENUE

City WILLISTON State FL Zip Code 32696

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

Name of Employer SELF Occupation WHITEHURST CONSTRUCTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11A1.13174**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 550.00

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

Mailing Address 19350 NORTHEAST 75TH STREET

City WILLISTON State FL Zip Code 32696

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

Name of Employer SELF EMPLOYED Occupation WHITEHURST CONSTRUCTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11A1.13148**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 550.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. LARRY B. WILLIAMS**

Mailing Address 13918 NW 15TH LANE

City GAINESVILLE State FL Zip Code 32606

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11A1.13160**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 160.00

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

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

\_\_\_\_\_ 1260.00

\_\_\_\_\_ 22449.22

**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 52
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HAMILTON COUNTY REPUBLICAN EXECUTIVE COMMITTEE**

Mailing Address POST OFFICE BOX 1007

City State Zip Code  
JASPER FL 32052

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11B.13323**

Amount of Each Receipt this Period  
500.00

PERMISSIBLE FUNDS

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 25 MASSACHUSETTS AVE, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11C.13203**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 20533 BISCAYNE BLVD  
#250

City MIAMI State FL Zip Code 33180

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.13204**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6100 HOLLYWOOD BLVD  
SUITE 305

City HOLLYWOOD State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C** C00127811

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11C.13176**

Amount of Each Receipt this Period  
5000.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**I-PAC JAX, INC.**

Mailing Address 6944 ST. AUGUSTINE RD.

City JACKSONVILLE State FL Zip Code 32217

FEC ID number of contributing federal political committee. **C** C00557926

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.13181**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL PRO-LIFE ALLIANCE PAC**

Mailing Address 5211 PORT ROYAL ROAD SUITE 500

City SPRINGFIELD State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.13316**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**REALTORS POLITICAL ACTION COMMITTEE (RPAC)**

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11C.13143**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 23 OF 52	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE NATIONAL RIGHT TO WORK COMMITTEE PAC**

Mailing Address 8001 BRADDOCK ROAD  
SUITE 500

City NORTH SPRINGFIELD State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00395533

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11C.13324**

Amount of Each Receipt this Period  
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

100.00

12100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ALACHUA COUNTY REPUBLICAN EXECUTIVE COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address POST OFFICE BOX 358536		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.13213</b>
City GAINESVILLE State FL Zip Code 32635	Purpose of Disbursement EVENT TICKETS Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN GRASS ASSASSIN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 4642 SW 45TH LN		Amount of Each Disbursement this Period 591.68 <b>Transaction ID : SB17.13239</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. KANGAROO EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3509 SOUTHWEST WILLISTON ROAD		Amount of Each Disbursement this Period 220.13 <b>Transaction ID : SB17.13240</b> <b>[MEMO ITEM]</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement TRAVEL EXPENSE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	691.68
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN GRASS ASSASSIN</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014	
Mailing Address 4642 SW 45TH LN			Amount of Each Disbursement this Period 1500.00	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13275	
Purpose of Disbursement SIGN REMOVAL/DELIVERY		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DANIEL BERGMAN</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014	
Mailing Address 33011201 FLETCHER HALL			Amount of Each Disbursement this Period 240.00	
City GAINESVILLE	State FL	Zip Code 32612	Transaction ID : SB17.13277	
Purpose of Disbursement FIELD CONSULTING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. KATHRYN CAMMACK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 283.48	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13228	
Purpose of Disbursement SEE MEMO ENTRIES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2023.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KATHRYN CAMMACK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 205.21	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13229	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. KATHRYN CAMMACK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 11.25	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13271	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address POST OFFICE BOX 105378			Amount of Each Disbursement this Period 11.25	
City ATLANTA	State GA	Zip Code 30348	Transaction ID : SB17.13272	
Purpose of Disbursement TELEPHONE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KATHRYN CAMMACK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014		
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 363.01		
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES		Category/Type 001		
Candidate Name			Transaction ID : SB17.13302		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. KATHRYN CAMMACK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014		
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 196.84		
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/Type 001		
Candidate Name			Transaction ID : SB17.13303 [MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CHASE CARD SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014		
Mailing Address POST OFFICE BOX 15153			Amount of Each Disbursement this Period 14177.07		
City WILMINGTON State DE Zip Code 19886	Purpose of Disbursement SEE MEMO ENTRIES		Category/Type 001		
Candidate Name			Transaction ID : SB17.13253		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14540.08
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRAIGHT TALK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 9700 NW 112TH AVE		Amount of Each Disbursement this Period 45.78
City MIAMI State FL Zip Code 33178	Purpose of Disbursement TELEPHONE 001	
Candidate Name		Transaction ID : SB17.13254 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PUBLIX SUPERMARKETS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 5801 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 149.70
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement POSTAGE/EVENT SUPPLIES 001	
Candidate Name		Transaction ID : SB17.13255 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ENTERCOM GAINESVILLE/WSKY-FM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3600 NORTHWEST 43RD STREET BLDG. B		Amount of Each Disbursement this Period 10676.00
City GAINESVILLE State FL Zip Code 32606	Purpose of Disbursement ADVERTISING 001	
Candidate Name		Transaction ID : SB17.13256 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A. ALACHUA COUNTY REPUBLICAN EXECUTIVE COMMITTEE**

Date of Disbursement  

M M	/	D D	/	Y Y Y Y
10		29		2014

Mailing Address POST OFFICE BOX 358536

Amount of Each Disbursement this Period  

1160.00
---------

City GAINESVILLE State FL Zip Code 32635

Purpose of Disbursement ADVERTISING/EVENT TICKETS

001  
Category/Type

Transaction ID : SB17.13257  
[MEMO ITEM]

Candidate Name

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

**B. FUN FLICKS**

Date of Disbursement  

M M	/	D D	/	Y Y Y Y
10		29		2014

Mailing Address 1900 PINE BAY DRIVE

Amount of Each Disbursement this Period  

536.00
--------

City LAKE MARY State FL Zip Code 32746

Purpose of Disbursement EVENT EQUIPMENT RENTAL

001  
Category/Type

Transaction ID : SB17.13258  
[MEMO ITEM]

Candidate Name

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

**C. EVENTHELPER.COM**

Date of Disbursement  

M M	/	D D	/	Y Y Y Y
10		29		2014

Mailing Address 565 BRUNSWICK E STE 11

Amount of Each Disbursement this Period  

141.12
--------

City GRASS VALLEY State CA Zip Code 95945

Purpose of Disbursement EVENT INSURANCE

001  
Category/Type

Transaction ID : SB17.13259  
[MEMO ITEM]

Candidate Name

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

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

0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A. HOBBY LOBBY**

Full Name (Last, First, Middle Initial)  
Mailing Address 7707 SW 44TH ST

City OKLAHOMA CITY State OK Zip Code 73179

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 193.24

Transaction ID : SB17.13260

[MEMO ITEM]

**B. FACEBOOK**

Full Name (Last, First, Middle Initial)  
Mailing Address 156 UNIVERSITY AVE

City PALO ALTO State CA Zip Code 94301

Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 31.42

Transaction ID : SB17.13261

[MEMO ITEM]

**C. PAPERLESS POST**

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

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.13262

[MEMO ITEM]

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 6861 WEST NEWBERRY ROAD		Amount of Each Disbursement this Period 463.15
City GAINESVILLE State FL Zip Code 32605	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.13263 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 5745 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 254.40
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name		Transaction ID : SB17.13264 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JAMIE DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 9802 NW 6TH PL		Amount of Each Disbursement this Period 1200.00
City GAINESVILLE State FL Zip Code 32607	Purpose of Disbursement EVENT ENTERTAINMENT 001 Category/Type	
Candidate Name		Transaction ID : SB17.13211
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LEE DEEN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address POST OFFICE BOX 550		Amount of Each Disbursement this Period 276.75 <b>Transaction ID : SB17.13292</b>
City TRENTON	State FL	
Zip Code 32693	Purpose of Disbursement FIELD CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS EAGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 151 SUMMERSET DR		Amount of Each Disbursement this Period 69.77 <b>Transaction ID : SB17.13232</b>
City APOPKA	State FL	
Zip Code 32712	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS EAGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 151 SUMMERSET DR		Amount of Each Disbursement this Period 32.00 <b>Transaction ID : SB17.13233</b> <b>[MEMO ITEM]</b>
City APOPKA	State FL	
Zip Code 32712	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	346.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3570 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 33.53
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement EVENT SUPPLIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.13234  [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	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. DOLLAR TREE STORES, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1034 NORTHWEST 76TH BLVD		Amount of Each Disbursement this Period 4.24
City GAINESVILLE State FL Zip Code 32606	Purpose of Disbursement EVENT SUPPLIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.13235  [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	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS EAGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 151 SUMMERSET DR		Amount of Each Disbursement this Period 363.52
City APOPKA State FL Zip Code 32712	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.13306
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	363.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS EAGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 151 SUMMERSET DR		Amount of Each Disbursement this Period 319.95 <b>Transaction ID : SB17.13307</b>
City APOPKA State FL Zip Code 32712	Purpose of Disbursement MILEAGE REIMBURSEMENT 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ENGRAVING UNIVERSE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 6623 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 339.20 <b>Transaction ID : SB17.13243</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement PROMOTIONAL ITEMS: VEHICLE MAGNETS 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SAMANTHA J GOTTSBALL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 4516 SEAGULL DR, UNIT 506		Amount of Each Disbursement this Period 104.89 <b>Transaction ID : SB17.13236</b>
City NEW PORT RICHEY State FL Zip Code 34652	Purpose of Disbursement MILEAGE REIMBURSEMENT 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	444.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SAMANTHA J GOTTSALL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 4516 SEAGULL DR, UNIT 506		Amount of Each Disbursement this Period 263.11 <b>Transaction ID : SB17.13310</b>
City NEW PORT RICHEY	State FL	
Zip Code 34652	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SAMANTHA J GOTTSALL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 4516 SEAGULL DR, UNIT 506		Amount of Each Disbursement this Period 172.35 <b>Transaction ID : SB17.13311</b> <b>[MEMO ITEM]</b>
City NEW PORT RICHEY	State FL	
Zip Code 34652	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NATHAN HARVEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 270 E ECHO ST		Amount of Each Disbursement this Period 100.76 <b>Transaction ID : SB17.13231</b>
City LAKE ALFRED	State FL	
Zip Code 33850	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	363.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NATHAN HARVEY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014		
Mailing Address 270 E ECHO ST			Amount of Each Disbursement this Period 201.86		
City LAKE ALFRED	State FL	Zip Code 33850	Transaction ID : SB17.13313		
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. NATHAN HARVEY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014		
Mailing Address 270 E ECHO ST			Amount of Each Disbursement this Period 195.62		
City LAKE ALFRED	State FL	Zip Code 33850	Transaction ID : SB17.13314		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. LUKE KILLAM</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014		
Mailing Address 574 NW 50TH BLVD			Amount of Each Disbursement this Period 305.00		
City GAINESVILLE	State FL	Zip Code 32607	Transaction ID : SB17.13281		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	506.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MORGAN FAMILY ENTERPRISES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 4025 GREENFERN DRIVE			Amount of Each Disbursement this Period 1100.00	
City ORLANDO	State FL	Zip Code 32810	Transaction ID : SB17.13212	
Purpose of Disbursement EVENT ENTERTAINMENT		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. MADALINA ANN MOTTL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 2330 SW WILLISTON RD			Amount of Each Disbursement this Period 329.60	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13215	
Purpose of Disbursement SEE MEMO ENTRIES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. PUBLIX SUPERMARKETS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 5801 SOUTHWEST 75TH STREET			Amount of Each Disbursement this Period 180.65	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13216	
Purpose of Disbursement EVENT CATERING		001 Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1429.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ED NORFLEET</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2808 NORTHWEST SR 45		Amount of Each Disbursement this Period 2226.00 <b>Transaction ID : SB17.13114</b>
City NEWBERRY	State FL	
Zip Code 32669	Purpose of Disbursement IN-KIND:EVENT CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 12.38 <b>Transaction ID : SB17.13249</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 22.50 <b>Transaction ID : SB17.13334</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2260.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 2014 12.38 <b>Transaction ID : SB17.13335</b>
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 2014 1.13 <b>Transaction ID : SB17.13336</b>
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PROFESSIONAL DATA SERVICES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2470 DANIELL'S BRIDGE RD, STE 121		Amount of Each Disbursement this Period 2014 2000.00 <b>Transaction ID : SB17.13266</b>
City ATHENS State GA Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2013.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHARLES RIPPIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 2777 SW ARCHER RD, APT PP198B		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.13278</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement FIELD CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SQUAREUP.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address INTERNET ONLY - NO PHYSICAL ADDRESS		Amount of Each Disbursement this Period 51.15 <b>Transaction ID : SB17.13247</b>
City SAN FRANCISCO State CA Zip Code 94101	Purpose of Disbursement CC TRANSACTION FEES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STRATEGIC IMAGE MANAGEMENT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 511 W BAY ST, STE 350		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.13267</b>
City TAMPA State FL Zip Code 33606	Purpose of Disbursement CAMPAIGN STRATEGY Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2271.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRATEGIC IMAGE MANAGEMENT, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014	
Mailing Address 511 W BAY ST, STE 350			Amount of Each Disbursement this Period 20000.00	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SB17.13274	
Purpose of Disbursement CAMPAIGN STRATEGY		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. SUNTRUST BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 5303 SOUTHWEST 91ST DRIVE			Amount of Each Disbursement this Period 56.00	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13218	
Purpose of Disbursement BANK FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. SUNTRUST BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 5303 SOUTHWEST 91ST DRIVE			Amount of Each Disbursement this Period 12.50	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13241	
Purpose of Disbursement BANK FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	20068.50
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 12.50
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES 001 Category/Type	
Candidate Name		Transaction ID : SB17.13270
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 2977.69
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL(SEE MEMO) 001 Category/Type	
Candidate Name		Transaction ID : SB17.13222
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. KATHRYN CAMMACK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 1057.69
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SALARY 001 Category/Type	
Candidate Name		Transaction ID : SB17.13223 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2990.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NATHAN HARVEY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 270 E ECHO ST			Amount of Each Disbursement this Period 400.00	
City LAKE ALFRED	State FL	Zip Code 33850	Transaction ID : SB17.13224	
Purpose of Disbursement SALARY		Category/Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS EAGLE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 151 SUMMERSET DR			Amount of Each Disbursement this Period 315.00	
City APOPKA	State FL	Zip Code 32712	Transaction ID : SB17.13225	
Purpose of Disbursement SALARY		Category/Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SAMANTHA J GOTTSALL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 4516 SEAGULL DR, UNIT 506			Amount of Each Disbursement this Period 400.00	
City NEW PORT RICHEY	State FL	Zip Code 34652	Transaction ID : SB17.13226	
Purpose of Disbursement SALARY		Category/Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAURA JACKSON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 805.00	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.13227	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 241.06	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.13237	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 31555.19	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.13293	
Purpose of Disbursement PAYROLL(SEE MEMO)		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31796.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KATHRYN CAMMACK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 8209 SOUTHWEST 95TH LANE			Amount of Each Disbursement this Period 26057.69	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13294	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS EAGLE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 151 SUMMERSET DR			Amount of Each Disbursement this Period 900.00	
City APOPKA	State FL	Zip Code 32712	Transaction ID : SB17.13295	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SAMANTHA J GOTTSALL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 4516 SEAGULL DR, UNIT 506			Amount of Each Disbursement this Period 900.00	
City NEW PORT RICHEY	State FL	Zip Code 34652	Transaction ID : SB17.13296	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NATHAN HARVEY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 270 E ECHO ST			Amount of Each Disbursement this Period 900.00	
City LAKE ALFRED	State FL	Zip Code 33850	Transaction ID : SB17.13297	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MADALINA ANN MOTTL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 2330 SW WILLISTON RD			Amount of Each Disbursement this Period 580.00	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.13298	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RAISA ALSTODT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 7629 SW 19TH PL			Amount of Each Disbursement this Period 500.00	
City GAINESVILLE	State FL	Zip Code 32607	Transaction ID : SB17.13299	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAURA JACKSON</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 1717.50	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.13300	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 2458.97	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.13301	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. TELEPHONE TOWN HALL MEETING, INC,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 958 CONEFLOWER DR			Amount of Each Disbursement this Period 1993.48	
City GOLDEN	State CO	Zip Code 80401	Transaction ID : SB17.13214	
Purpose of Disbursement TELEMARKETING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4452.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TELEPHONE TOWN HALL MEETING, INC,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 958 CONEFLOWER DR		Amount of Each Disbursement this Period 2010.00 <b>Transaction ID : SB17.13219</b>
City GOLDEN State CO Zip Code 80401	Purpose of Disbursement TELEMARKETING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TELEPHONE TOWN HALL MEETING, INC,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 958 CONEFLOWER DR		Amount of Each Disbursement this Period 3486.62 <b>Transaction ID : SB17.13220</b>
City GOLDEN State CO Zip Code 80401	Purpose of Disbursement TELEMARKETING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. TELEPHONE TOWN HALL MEETING, INC,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 958 CONEFLOWER DR		Amount of Each Disbursement this Period 6206.20 <b>Transaction ID : SB17.13250</b>
City GOLDEN State CO Zip Code 80401	Purpose of Disbursement TELEMARKETING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11702.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE CONGRESSIONAL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 2001 NEW HAMPSHIRE AVE NW		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.13328</b>
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement MEMBERSHIP DUES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 13337		Amount of Each Disbursement this Period 379.20 <b>Transaction ID : SB17.13251</b>
City PHILADELPHIA State PA Zip Code 19101	Purpose of Disbursement SEE MEMO ENTRY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2330 TURNBERRY LANE		Amount of Each Disbursement this Period 379.20 <b>Transaction ID : SB17.13252</b> <b>[MEMO ITEM]</b>
City CHARLOTTE State NC Zip Code 28210	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	529.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WEBELECT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 1256 VINETREE DRIVE		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.13327</b>
City BRANDON	State FL	
Zip Code 33510	Purpose of Disbursement VOTER DATA SUBSCRIPTION	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THEODORE SCOTT YOHO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 1433.93 <b>Transaction ID : SB17.13269</b>
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
Candidate Name <b>THEODORE YOHO</b>	Office Sought: <input checked="" 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: FL District: 03	

Full Name (Last, First, Middle Initial) <b>C. CAROLYN YOHO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 8209 SW 95TH LANE		Amount of Each Disbursement this Period 220.55 <b>Transaction ID : SB17.13244</b>
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2054.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address POST OFFICE BOX 105378		Amount of Each Disbursement this Period 145.83
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement TELEPHONE 001	
Candidate Name		Transaction ID : SB17.13245 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 74.72
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE 001	
Candidate Name		Transaction ID : SB17.13246 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAROLYN YOHO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 8209 SW 95TH LANE		Amount of Each Disbursement this Period 237.08
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement REIMBURSE TELEPHONE EXPENSE-NO ITEMIZATION 001	
Candidate Name		Transaction ID : SB17.13331
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	237.08
<b>TOTAL</b> This Period (last page this line number only).....	102297.46

**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 52	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TRENTON HIGH SCHOOL QUARTERBACK CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 18 / 2014</b>	
Mailing Address <b>1013 N MAIN ST</b>			Amount of Each Disbursement this Period <b>250.00</b>	
City <b>TRENTON</b>	State <b>FL</b>	Zip Code <b>32693</b>	<b>Transaction ID : SB21.13330</b>	
Purpose of Disbursement <b>DONATION</b>		<b>012</b> Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>250.00</b>