

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE
 FEB MAIL CENTER
 2016 APR 18 AM 9:16
 OFFICE USE ONLY
 RECEIVED PUBLIC RECORDS
 APR 19 PM 3:15

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

TODD WILCOX FOR US SENATE

ADDRESS (number and street)

PO BOX 616308

Check if different than previously reported. (ACC)

ORLANDO

FL

32861

2. FEC IDENTIFICATION NUMBER ▼

C C00581504

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

ZIP CODE STATE ▼ DISTRICT

FL

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
 01 / 01 / 2016

through

M M / D D / Y Y Y Y
 03 / 31 / 2016

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

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

Date

M M / D D / Y Y Y Y
 04 / 15 / 2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

201604200200157466

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
TODD WILCOX FOR US SENATE

Report Covering the Period: From:

M	M
01	01

 /

D	D
01	01

 /

Y	Y	Y	Y
2016			

 To:

M	M
03	31

 /

D	D
31	31

 /

Y	Y	Y	Y
2016			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	108811.00	439458.12
(b) Total Contribution Refunds (from Line 20(d)) ..	5.00	4705.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	108806.00	434753.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	149433.74	351724.83
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	149433.74	351724.83
8. Cash on Hand at Close of Reporting Period (from Line 27)...	1083028.29	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	1000000.00	

For further information contact:

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

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

201604200200157461

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TODD WILCOX FOR US SENATE

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2016 To: MM / DD / YYYY 03 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	105450.00	400957.35
(ii) Unitemized	3361.00	11282.10
(iii) TOTAL of contributions from individuals .	108811.00	412239.45
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	557.70
(d) The Candidate	0.00	26660.97
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	108811.00	439458.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	250000.00	1000000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	250000.00	1000000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	358811.00	1439458.12

201604200200157462

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	149433.74	351724.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	5.00	4705.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	5.00	4705.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	149438.74	356429.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	873656.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	358811.00
25. SUBTOTAL (add Line 23 and Line 24)...	1232467.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	149438.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1083028.29

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 76			
	<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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. KENNETH ACHTERHOF		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 18179 HOLCOMB HILLS		Transaction ID : SA11AI.5451
City GRAND HAVEN	State MI	Zip Code 49417
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Memo Item
Name of Employer ALPINE RENTALS	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) MR. DAVID ADAMO		Date of Receipt MM / DD / YYYY 03 / 15 / 2016
Mailing Address 25 FOREST STREET		Transaction ID : SA11AI.5345
City STAMFORD	State CT	Zip Code 06901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	<input type="checkbox"/> Memo Item
Name of Employer LUXURY MORTGAGE	Occupation BANKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) MR. THOMAS D ARTHUR		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 1700 S MACDILL AVE. SUITE 340		Transaction ID : SA11AI.5427
City TAMPA	State FL	Zip Code 33629
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	<input type="checkbox"/> Memo Item
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

201604200200157464

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 76	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) MR. EDWARD A BACHL		Date of Receipt 02 / 29 / 2016	
Mailing Address 1212 E WHITING STREET UNIT 501		Transaction ID : SA11AI.5186	
City TAMPA	State FL	Zip Code 33602	Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer VYKIN CORPORATION	Occupation PARTNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) MR. CHRISTOPHER BERRY		Date of Receipt 02 / 09 / 2016	
Mailing Address 157 ADLER POINT		Transaction ID : SA11AI.5144	
City OVIEDO	State FL	Zip Code 32765	Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer PATRIOT DEFENSE GROUP,LLC	Occupation DIRECTOR OF OPERATIONS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) MR. TED BOLIN		Date of Receipt 03 / 29 / 2016	
Mailing Address 261 MINORCA BEACH WAY APT 705		Transaction ID : SA11AI.5410	
City NEW SMYRNA BEACH	State FL	Zip Code 32169	Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer FLAGSHIP COMPANIES GROUP	Occupation REAL ESTATE DEVELOPMENT AND MANAGE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

201604200200157465

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

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

FOR LINE NUMBER: PAGE 7 OF 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial) BRENTWOOD INVESTMENTS, LLC		Date of Receipt MM / DD / YYYY 02 / 19 / 2016	
Mailing Address 5036 DR. PHILLIPS BLVD. #314		Transaction ID : SA11AI.5170	
City ORLANDO State FL Zip Code 32819	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item PERMISSIBLE FUNDS: SEE MEMO		
Name of Employer Occupation	Election Cycle-to-Date 2700.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
Full Name (Last, First, Middle Initial) BRENTWOOD INVESTMENTS, LLC		Date of Receipt MM / DD / YYYY 02 / 19 / 2016	
Mailing Address 5036 DR. PHILLIPS BLVD. #314		Transaction ID : SA11AI.5171	
City ORLANDO State FL Zip Code 32819	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item PERMISSIBLE FUNDS: SEE MEMO		
Name of Employer Occupation	Election Cycle-to-Date 5400.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
Full Name (Last, First, Middle Initial) MR. PAUL CARAGIULO		Date of Receipt MM / DD / YYYY 02 / 11 / 2016	
Mailing Address 3708 FLORES AVE.		Transaction ID : SA11AI.5153	
City SARASOTA State FL Zip Code 34239	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer Occupation SELF-EMPLOYED HOSPITALITY SERVICES	Election Cycle-to-Date 250.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		5650.00	
TOTAL This Period (last page this line number only).....		5650.00	

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

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

FOR LINE NUMBER: PAGE 8 OF 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. JEFF CORDOVER

Mailing Address **36 ILLINGWORTH AVE.**

City **TENAFLY** State **NJ** Zip Code **07670**

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

Name of Employer **CORBER CORP.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**

Transaction ID : **SA11AI.5190**

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. ALLAN D CORS

Mailing Address **7413 GEORGETOWN COURT**

City **MCLEAN** State **VA** Zip Code **22102**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 31 / 2016**

Transaction ID : **SA11AI.5443**

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MRS. BARBARA CROWN

Mailing Address **3373 RUM ROW**

City **NAPLES** State **FL** Zip Code **34102**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **03 / 31 / 2016**

Transaction ID : **SA11AI.5456**

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **5200.00**

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

201604200200157467

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) MR. ROBERT CROWN		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 3373 RUM ROW		Transaction ID : SA11AI.5453
City NAPLES	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) MR. CRAIG DELIGDISH		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 815 SANDERLING DRIVE		Transaction ID : SA11AI.5462
City INDIALANTIC	State FL	Zip Code 32903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer OMNI HEALTHCARE	Occupation PHYSICIAN	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) MR. WILLIAM C DIERCKSEN SR.		Date of Receipt MM / DD / YYYY 02 / 04 / 2016
Mailing Address 1239 CAMBRIA BEND		Transaction ID : SA11AI.5138
City KISSIMMEE	State FL	Zip Code 34759
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

201604200200157466

**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 76	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial) MIKEY DOBIN		Date of Receipt MM / DD / YYYY 02 / 07 / 2016
Mailing Address 115 N GORDON ROAD		Transaction ID : SA11AI.5142
City FORT LAUDERDALE	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer VALLEY FORGE FABRICS	Occupation ENTREPRENEUR	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

B. Full Name (Last, First, Middle Initial) MR. JAMES A DUBEA		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 210 MALAGA COURT		Transaction ID : SA11AI.5464
City MERRITT ISLAND	State FL	Zip Code 32953
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer CANAVERAL PORT AUTHORITY	Occupation DEPUTY EXECUTIVE DIRECTOR	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) Ms. MELODY DWORIN		Date of Receipt MM / DD / YYYY 03 / 30 / 2016
Mailing Address 4021 GULFSHORE BLVD N UNIT 201		Transaction ID : SA11AI.5414
City NAPLES	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer TRUE FRAGRANCE AND BEAUTY	Occupation OWNER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

201604200200157469

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) MR. AUGIE K FABELA II		Date of Receipt MM/DD/YYYY 03/31/2016
Mailing Address 7401 BAY COLONY DRIVE		Transaction ID : SA11AI.5448
City NAPLES	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer FINMARK LLC	Occupation CHAIRMAN	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) MR. AUGIE K FABELA II		Date of Receipt MM/DD/YYYY 03/31/2016
Mailing Address 7401 BAY COLONY DRIVE		Transaction ID : SA11AI.5449
City NAPLES	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer FINMARK LLC	Occupation CHAIRMAN	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MRS. KATHLEEN L FABELA		Date of Receipt MM/DD/YYYY 03/31/2016
Mailing Address 7401 BAY COLONY DRIVE		Transaction ID : SA11AI.5445
City NAPLES	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

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

201604200157490

**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 76
	<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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MRS. KATHLEEN L FABELA			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 7401 BAY COLONY DRIVE			Transaction ID : SA11AI.5446
City NAPLES	State FL	Zip Code 34108	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer RETIRED	Occupation RETIRED	Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 5400.00			

B. Full Name (Last, First, Middle Initial) MR. DAVID FARAH			Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 1620 LITTLE RAVEN ST #706			Transaction ID : SA11AI.5194
City DENVER	State CO	Zip Code 80202	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer MONARCH CASINO & RESORT	Occupation EXECUTIVE	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 1500.00			

C. Full Name (Last, First, Middle Initial) MR. KENNETH J FELD			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 2001 US HWY 301			Transaction ID : SA11AI.5437
City PALMETTO	State FL	Zip Code 34221	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer FELD ENTERTAINMENT, INC.	Occupation CEO	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 2700.00			

SUBTOTAL of Receipts This Page (optional).....	6900.00
TOTAL This Period (last page this line number only).....	

201604200200157491

**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 13 OF 76	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial) MR. KENNETH J FELD		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 2001 US HWY 301		Transaction ID : SA11AI.5438
City PALMETTO	State FL	Zip Code 34221
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer FELD ENTERTAINMENT, INC.	Occupation CEO	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. GREGORY S FLANAGAN		Date of Receipt MM / DD / YYYY 01 / 19 / 2016
Mailing Address 2701 SE MARICAMP ROAD STE 104		Transaction ID : SA11AI.5110
City OCALA	State FL	Zip Code 34471
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer GREGORY S FLANAGAN P.A.	Occupation ATTORNEY	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) MS. MIA FREYMILLER		Date of Receipt MM / DD / YYYY 03 / 23 / 2016
Mailing Address 38 S. BLUE ANGEL PKWY #176		Transaction ID : SA11AI.5358
City PENSACOLA	State FL	Zip Code 32506
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer EM	Occupation VICE PRESIDENT	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	3050.00
TOTAL This Period (last page this line number only).....	

201604200200157492

**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 76
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) MS. MIA FREYMILLER		Date of Receipt MM/DD/YYYY 03/31/2016
Mailing Address 38 S. BLUE ANGEL PKWY #176		Transaction ID : SA11AI.5454
City PENSACOLA	State FL	Zip Code 32506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EM	Occupation VICE PRESIDENT	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) MR. BRIAN B FUNK		Date of Receipt MM/DD/YYYY 02/19/2016
Mailing Address 610 S. ROME AVE. #504		Transaction ID : SA11AI.5173
City TAMPA	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HG MANAGEMENT LLC	Occupation REAL ESTATE DEVELOPER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. CHARLES B FUNK		Date of Receipt MM/DD/YYYY 02/19/2016
Mailing Address 924 S. GOLF VIEW STREET		Transaction ID : SA11AI.5179
City TAMPA	State FL	Zip Code 33629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation RE DEVELOPER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

201604200200157493

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

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

FOR LINE NUMBER: PAGE 15 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

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

Mailing Address **3314 BUTLER BAY DRIVE N**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
02 / 11 / 2016

Transaction ID : **SA11AI.5159**

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MS. JOAN GALVIN

Mailing Address **PO BOX 8337**

City **LONGBOAT KEY** State **FL** Zip Code **34228**

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

Name of Employer **KELLEY DRYE** Occupation **GOVERNMENT RELATIONS ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
02 / 19 / 2016

Transaction ID : **SA11AI.5175**

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. MARTIN L GARCIA

Mailing Address **5216 W NEPTUNE WAY**

City **TAMPA** State **FL** Zip Code **33609**

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

Name of Employer **PINEHILL CAPITAL PARTNERS** Occupation **MANAGING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
02 / 19 / 2016

Transaction ID : **SA11AI.5177**

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3950.00

201604200200157494

**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 76
	<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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MS. MILDRED K GILLETTE		Date of Receipt 03 / 31 / 2016
Mailing Address 2000 S OCEAN LANE 602		Transaction ID : SA11AI.5480
City FORT LAUDERDALE	State FL	Zip Code 33316
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Memo Item
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) MR. JOHN P GILLION		Date of Receipt 03 / 02 / 2016
Mailing Address 189 S ORANGE AVE. SUITE 870		Transaction ID : SA11AI.5192
City ORLANDO	State FL	Zip Code 32801
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Memo Item
Name of Employer MAPLEVEST MANAGEMENT, LLC	Occupation CPA	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

C. Full Name (Last, First, Middle Initial) MS. JUDY GRAHAM		Date of Receipt 02 / 11 / 2016
Mailing Address 50 S PALM AVE.		Transaction ID : SA11AI.5157
City SARASOTA	State FL	Zip Code 34236
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Memo Item
Name of Employer SELF-EMPLOYED	Occupation BUSINESS OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

201604200200157495

**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 76	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial) MR. STEVE HART		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 701 8TH STREET NW FL 5		Transaction ID : SA11AI.5429
City WASHINGTON	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer WILLIAMS & JENSEN, PLLC	Occupation ATTORNEY	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

B. Full Name (Last, First, Middle Initial) MS. BARBARA HAYKEL		Date of Receipt MM / DD / YYYY 03 / 16 / 2016
Mailing Address 4550 ISLAND ROAD		Transaction ID : SA11AI.5349
City MIAMI	State FL	Zip Code 33137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer ARZ TRAVEL, INC.	Occupation SECRETARY, TREASURER, DIRECTOR	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

C. Full Name (Last, First, Middle Initial) MR. RICHARD HAYKEL		Date of Receipt MM / DD / YYYY 03 / 13 / 2016
Mailing Address 4550 ISLAND ROAD		Transaction ID : SA11AI.5337
City MIAMI	State FL	Zip Code 33137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer HOAPITAL HAYKEL	Occupation CHAIR	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	6900.00
TOTAL This Period (last page this line number only).....	

201604200200157496

**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 76			
	<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) MR. TOM C HERMANSEN		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 3030 WAVECREST DRIVE		Transaction ID : SA11AI.5466
City COCOA BEACH	State FL	Zip Code 32931
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer OCEAN PARTNERS ASSOCIATION	Occupation HOTELIER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) MR. TONY HERNANDEZ		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 503 N. ORLANDO AVE. SUITE 106		Transaction ID : SA11AI.5477
City COCOA BEACH	State FL	Zip Code 32931
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer LAW OFFICES OF TONY HERNANDEZ.	Occupation ATTORNEY	<input checked="" type="checkbox"/> Memo Item THE HERNANDEZ LAW GROUP, P.A.
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) MR. BRETT KEITH		Date of Receipt MM / DD / YYYY 02 / 22 / 2016
Mailing Address 55 WATER MILL TOWD RD		Transaction ID : SA11AI.5182
City WATER MILL	State NY	Zip Code 11976
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer ROCKWOOD	Occupation FINANCE	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

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

201604200200157497

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

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

FOR LINE NUMBER: PAGE 19 OF 76
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial) VINCENT KENNEY		Date of Receipt MM / DD / YYYY 03 / 22 / 2016	
Mailing Address 6040 JFK BLVD EAST 8N		Transaction ID : SA11AI.5357	
City WEST NEW YORK	State NJ	Zip Code 07093	Amount of Each Receipt this Period , , 100.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date , , 300.00	
Name of Employer CL KING	Occupation EQUITY TRADER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 300.00	
Full Name (Last, First, Middle Initial) ZIAD KHOURY		Date of Receipt MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 520 MANOR ROAD		Transaction ID : SA11AI.5118	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period , , 250.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date , , 250.00	
Name of Employer SELF-EMPLOYED	Occupation BUSINESS OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00	
Full Name (Last, First, Middle Initial) MR. ROBERT KNAZIK		Date of Receipt MM / DD / YYYY 03 / 31 / 2016	
Mailing Address 1617 PARKRIDGE CIRCLE APT 148		Transaction ID : SA11AI.5470	
City CROFTON	State MD	Zip Code 21114	Amount of Each Receipt this Period , , 1000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date , , 1000.00	
Name of Employer OCEAN RIDERS ENGINEERING, INC.	Occupation SYSTEMS ENGINEER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1000.00	
SUBTOTAL of Receipts This Page (optional).....		, , 1350.00	
TOTAL This Period (last page this line number only).....		, ,	

201604200200157496

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

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

FOR LINE NUMBER: PAGE 20 OF 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
C REED KNIGHT JR.

Mailing Address **701 COLUMBIA BLVD.**

City **TITUSVILLE** State **FL** Zip Code **32780**

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

Name of Employer **SELF-EMPLOYED** Occupation **MANUFACTURER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
03 / 31 / 2016

Transaction ID : **SA11AI.5472**

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address **6015 CHARDONNAY LANE #102**

City **NAPLES** State **FL** Zip Code **34119**

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

Name of Employer **ALAMO RANGE** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
03 / 30 / 2016

Transaction ID : **SA11AI.5412**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address **5036 DR. PHILLIPS BLVD. #314**

City **ORLANDO** State **FL** Zip Code **32819**

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

Name of Employer **BRENTWOOD INVESTMENTS, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
02 / 19 / 2016

Transaction ID : **SA11AI.5195**

Amount of Each Receipt this Period
2700.00

Memo Item
BRENTWOOD INVESTMENTS, LLC

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

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

2950.00

201604200200157499

**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 76
	<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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. MICHAEL LIBERTY		Date of Receipt 02 / 19 / 2016
Mailing Address 5036 DR. PHILLIPS BLVD. #314		Transaction ID : SA11AI.5197
City ORLANDO	State FL	Zip Code 32819
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer BRENTWOOD INVESTMENTS, LLC	Occupation OWNER	<input checked="" type="checkbox"/> Memo Item BRENTWOOD INVESTMENTS, LLC
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. MATTHEW MARSH		Date of Receipt 03 / 12 / 2016
Mailing Address 6875 SUVA STREET		Transaction ID : SA11AI.5331
City BELL GARDENS	State CA	Zip Code 90201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer FIRST CLASS VENDING INC	Occupation OWNER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) MRS. PENNY S MAUN		Date of Receipt 02 / 11 / 2016
Mailing Address 10 ASTER TERRACE		Transaction ID : SA11AI.5155
City KEY WEST	State FL	Zip Code 33040
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer KEY WEST MONTESSORI CHARTER SCHO	Occupation TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

201604200200157500

**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 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. RICHARD D MAUN

Mailing Address **10 ASTER TERRACE**

City KEY WEST	State FL	Zip Code 33040
-------------------------	--------------------	--------------------------

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

Name of Employer STOCK ISLAND CHEVRON	Occupation OWNER
---	----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 MM / DD / YYYY
02 / 11 / 2016

Transaction ID : **SA11AI.5161**

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LEANNE MCCORRY

Mailing Address **2728 LONG WINTER LANE**

City OAKLAND	State MI	Zip Code 48363
------------------------	--------------------	--------------------------

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

Name of Employer AON	Occupation INSURANCE
--------------------------------	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 MM / DD / YYYY
03 / 14 / 2016

Transaction ID : **SA11AI.5341**

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BRETT MCMULLEN

Mailing Address **2165 KARAN WAY**

City CLEARWATER	State FL	Zip Code 33763
---------------------------	--------------------	--------------------------

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

Name of Employer MCMULLEN OIL COMPANY INC	Occupation DISPATCHER
---	---------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

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

Transaction ID : **SA11AI.5140**

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

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

_____ 1000.00

201604200200157501

**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)

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<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)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) RYAN NILES			Date of Receipt MM / DD / YYYY 03 / 14 / 2016
Mailing Address 201 S. ALLOY DR.			Transaction ID : SA11AI.5343
City FENTON	State MI	Zip Code 48430	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NILES INDUSTRIAL COATINGS	Occupation CEO		<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) MR. RICHARD NUNIS			Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 6324 DEACON CIRCLE			Transaction ID : SA11AI.5440
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) MR. RICHARD NUNIS			Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 6324 DEACON CIRCLE			Transaction ID : SA11AI.5441
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

201604200200157502

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 OF 76
	<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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. JOHN COLE OLIVER		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 431 SWANN GROVE LANE		Transaction ID : SA11AI.5476
City MERRITT ISLAND	State FL	Zip Code 32952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) JEFFREY OWENS		Date of Receipt MM / DD / YYYY 02 / 03 / 2016
Mailing Address 8201 NORTH UNIVERSITY		Transaction ID : SA11AI.5132
City PEORIA	State IL	Zip Code 61615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 750.00
Name of Employer ADVANCED TECHNOLOGY SERVICES	Occupation CEO	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

C. Full Name (Last, First, Middle Initial) MR. DEAN PARKER		Date of Receipt MM / DD / YYYY 03 / 13 / 2016
Mailing Address 720 OAK CIRCLE DRIVE E		Transaction ID : SA11AI.5339
City MOBILE	State AL	Zip Code 36609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer VITA CAPITAL	Occupation VITA CAPITAL	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

201604200200157503

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

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

FOR LINE NUMBER: PAGE 25 OF 76
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH PETRONE
 Mailing Address **PO BOX 1037**
 City **DUBLIN** State **NH** Zip Code **03444**
 Date of Receipt **02 / 16 / 2016**
 Transaction ID : **SA11AI.5166**
 Amount of Each Receipt this Period
 \$ **500.00**
 Memo Item
 Name of Employer **RETIRED** Occupation **RETIRED**
 Receipt For: 2016 Primary General
 Other (specify) Election Cycle-to-Date **500.00**

B. Full Name (Last, First, Middle Initial)
MRS. AVIS PHILLIPS
 Mailing Address **22501 STATE ROAD 52**
 City **LAND O'LAKES** State **FL** Zip Code **34639**
 Date of Receipt **02 / 19 / 2016**
 Transaction ID : **SA11AI.5168**
 Amount of Each Receipt this Period
 \$ **2000.00**
 Memo Item
 Name of Employer **PHILLIPS & JORDAN** Occupation **EXECUTIVE**
 Receipt For: 2016 Primary General
 Other (specify) Election Cycle-to-Date **2000.00**

C. Full Name (Last, First, Middle Initial)
MS. CHRISTINE Y QUINN
 Mailing Address **28 SANTA FE**
 City **RANCHO SANTA MARGARITA** State **CA** Zip Code **92688**
 Date of Receipt **02 / 29 / 2016**
 Transaction ID : **SA11AI.5188**
 Amount of Each Receipt this Period
 \$ **1000.00**
 Memo Item
 Name of Employer **MY FAMILY'S SEASONINGS** Occupation **OWNER**
 Receipt For: 2016 Primary General
 Other (specify) Election Cycle-to-Date **1000.00**

SUBTOTAL of Receipts This Page (optional) \$ **3500.00**
TOTAL This Period (last page this line number only)

201604200200157504

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

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

FOR LINE NUMBER: PAGE 26 OF 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. EDWARD REIS

Mailing Address **301 E 21ST STREET**
APT 12B

City **NEW YORK** State **NY** Zip Code **11501**

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

Name of Employer **D. REIS CONTRACTING** Occupation **CONSTRUCTION MANAGMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
03 / 31 / 2016

Transaction ID : **SA11AI.5458**

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address **111 BRECKENRIDGE DRIVE**

City **WEXFORD** State **PA** Zip Code **15090**

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

Name of Employer **HIGHWAY EQUIPMENT COMPANY** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
03 / 30 / 2016

Transaction ID : **SA11AI.5420**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. DARREN ROBB

Mailing Address **14805 OLD THICKET TRACE**

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

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

Name of Employer **CALL TELL INC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
03 / 10 / 2016

Transaction ID : **SA11AI.5407**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3700.00

201604200200157505

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

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

FOR LINE NUMBER: PAGE 27 OF 76
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial) PETER RUMMELL		Date of Receipt MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 2538 RIVER ROAD		Transaction ID : SA11AI.5114	
City JACKSONVILLE	State FL	Zip Code 32207	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer RUMMELL COMPANY	Occupation PRINCIPAL		Amount of Each Receipt this Period 1000.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) AZIM SAJU		Date of Receipt MM / DD / YYYY 01 / 11 / 2016	
Mailing Address 5745 SW 42ND PLACE		Transaction ID : SA11AI.5198	
City OCALA	State FL	Zip Code 34474	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item *IN-KIND: FACILITY RENTAL/CATERING SERVICES	
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY		Amount of Each Receipt this Period 450.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		
C. Full Name (Last, First, Middle Initial) MR. RYAN SASSON		Date of Receipt MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 330 EAST 38TH APT 52-O		Transaction ID : SA11AI.5325	
City MANHATTAN	State NY	Zip Code 10016	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer STRATEGIC CS	Occupation COMPANY EXECUTIVE		Amount of Each Receipt this Period 500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....		1650.00	
TOTAL This Period (last page this line number only).....			

201604200200157506

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<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)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial) MR. JAY SCHREIBMAN		Date of Receipt MM / DD / YYYY 02 / 09 / 2016
Mailing Address 3518 ERIE DRIVE		Transaction ID : SA11AI.5146
City ORCHARD LAKE	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer LSG INSURANCE PARTNERS	Occupation INSURANCE AGENT	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

B. Full Name (Last, First, Middle Initial) MS. KATHLEEN SHANAHAN		Date of Receipt MM / DD / YYYY 03 / 30 / 2016
Mailing Address 2625 W. SUNSET DRIVE		Transaction ID : SA11AI.5418
City TAMPA	State FL	Zip Code 33629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer URETEK HOLDINGS	Occupation CHAIR/CEO	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) MR. MARC SHAW		Date of Receipt MM / DD / YYYY 01 / 19 / 2016
Mailing Address 1365 HAWTHORNE COVE DRIVE		Transaction ID : SA11AI.5108
City OCOE	State FL	Zip Code 34761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer REGENCY LIGHTING	Occupation ACCOUNT REPRESENTATIVE	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

201604200200157507

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. Full Name (Last, First, Middle Initial)
NED SIEGEL

Mailing Address **3835 N. W. BOCA RATON BLVD., SUITE**

City **BOCA RATON** State **FL** Zip Code **33431**

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

Name of Employer **THE SIEGEL GROUP** Occupation **REAL ESTATE DEVELOPMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **MM / DD / YYYY**
03 / 23 / 2016

Transaction ID : **SA11AI.5360**

Amount of Each Receipt this Period **2700.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
MIKE SINGER

Mailing Address **25334 PRADO DE LA FELICIDAD**

City **CALABASAS** State **CA** Zip Code **91302**

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

Name of Employer **STRATEGIC PARTNERS, INC.** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

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

Transaction ID : **SA11AI.5130**

Amount of Each Receipt this Period **2700.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. KURT STRINGFELLOW

Mailing Address **4535 SHADOWLEAF**

City **SARASOTA** State **FL** Zip Code **34237**

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

Name of Employer **NON PROFIT** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **MM / DD / YYYY**
03 / 30 / 2016

Transaction ID : **SA11AI.5416**

Amount of Each Receipt this Period **1000.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **6400.00**

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

201604200200157506

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A.

Full Name (Last, First, Middle Initial)
MR. DAVID STRUMINGER

Mailing Address **8913 HIGHFIELD ROAD**

City **HENRICO** State **VA** Zip Code **23229**

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

Name of Employer **VIRGINIA LINEN SERVICES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 31 / 2016**

Transaction ID : **SA11AI.5482**

Amount of Each Receipt this Period **250.00**

Memo Item

B.

Full Name (Last, First, Middle Initial)
THE HERNANDEZ LAW GROUP, P.A.

Mailing Address **503 N. ORLANDO AVE. SUITE 106**

City **COCOA BEACH** State **FL** Zip Code **32931**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **03 / 31 / 2016**

Transaction ID : **SA11AI.5468**

Amount of Each Receipt this Period **2700.00**

Memo Item
PERMISSIBLE FUNDS: SEE MEMO

C.

Full Name (Last, First, Middle Initial)
MR. JOHN L VARUOLO

Mailing Address **10372 EMERSON STREET**

City **PARKLAND** State **FL** Zip Code **33076**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 19 / 2016**

Transaction ID : **SA11AI.5112**

Amount of Each Receipt this Period **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3450.00**

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

201604200200157509

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

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

FOR LINE NUMBER: PAGE 31 OF 76
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR. DAN VIGDOR

Mailing Address **6645 SW 102ND STREET**

City **MIAMI** State **FL** Zip Code **33156**

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

Name of Employer **LV HOLDINGS** Occupation **MANAGING PARTNER-EXECUTIVE CHAIRM.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **02 / 10 / 2016**

Transaction ID : **SA11AI.5148**

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. DAN VIGDOR

Mailing Address **6645 SW 102ND STREET**

City **MIAMI** State **FL** Zip Code **33156**

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

Name of Employer **LV HOLDINGS** Occupation **MANAGING PARTNER-EXECUTIVE CHAIRM.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **02 / 10 / 2016**

Transaction ID : **SA11AI.5149**

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address **2096 PARK LANE**

City **HIGHLAND PARK** State **IL** Zip Code **60035**

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

Name of Employer **DAIGGER** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

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

Transaction ID : **SA11AI.5128**

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **7900.00**

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

201604200200157510

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) GREGORY WRIGHT		Date of Receipt MM / DD / YYYY 03 / 28 / 2016
Mailing Address P.O. BOX 65099		Transaction ID : SA11AI.5364
City SAN ANTONIO	State TX	Zip Code 78265
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period \$ 1000.00	
Name of Employer HART HOLDINGS	Occupation BUILDING MATERIALS DISTRIBUTION	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	\$ 1000.00
TOTAL This Period (last page this line number only).....	\$ 105450.00

201604200200157511

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

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

FOR LINE NUMBER: PAGE 33 OF 76
(check only one)

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

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

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

Mailing Address **PO BOX 616308**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1026660.97**

Date of Receipt **MM / DD / YYYY**
03 / 31 / 2016

Transaction ID : **SA13A.5479**

Amount of Each Receipt this Period
250000.00

Memo Item

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 **MM / DD / YYYY**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt **MM / DD / YYYY**

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **250000.00**

TOTAL This Period (last page this line number only)..... **250000.00**

201604200200157512

**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 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

A. 7-ELEVEN

Full Name (Last, First, Middle Initial)
Mailing Address 5891 FRUITVILLE ROAD

City SARASOTA State FL Zip Code 34232

Purpose of Disbursement
ROBINSON REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 08 / 2016

Amount of Each Disbursement this Period
4.32

Memo Item

Transaction ID : SB17.5276

B. ADVANCING STRATEGIES, LLC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 96

City MIDLOTHIAN State VA Zip Code 23113

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 16 / 2016

Amount of Each Disbursement this Period
27000.00

Memo Item

Transaction ID : SB17.5233

C. ADVANCING STRATEGIES, LLC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 96

City MIDLOTHIAN State VA Zip Code 23113

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 15 / 2016

Amount of Each Disbursement this Period
13500.00

Memo Item

Transaction ID : SB17.5365

SUBTOTAL of Disbursements This Page (optional)..... 40500.00

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

201604200200157513

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. ADVANCING STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address PO BOX 96		Amount of Each Disbursement this Period \$ 1674.33
City MIDLOTHIAN	State VA	
Zip Code 23113		<input type="checkbox"/> Memo Item
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		
Candidate Name		Transaction ID : SB17.5366
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. ALOFT		Date of Disbursement MM / DD / YYYY 03 / 16 / 2016
Mailing Address 200 NORTH MONROE STREET		Amount of Each Disbursement this Period \$ 974.63
City TALLAHASSEE	State FL	
Zip Code 32301		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement CARD SERVICES: TRAVEL: LODGING		
Candidate Name		Transaction ID : SB17.5390
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 4333 AMON CARTER BLVD.		Amount of Each Disbursement this Period \$ 354.19
City FORT WORTH	State TX	
Zip Code 76155		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement CARD SERVICES: TRAVEL: AIR		
Candidate Name		Transaction ID : SB17.5396
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1674.33
TOTAL This Period (last page this line number only).....	

201604200200157514

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Memo Item
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.5201
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 138.20 <input type="checkbox"/> Memo Item
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.5202
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 9.00 <input type="checkbox"/> Memo Item
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.5203
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	187.20
TOTAL This Period (last page this line number only).....	

201604200200157515

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Disbursement this Period

2.00

Memo Item

Transaction ID : SB17.5204

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Disbursement this Period

0.60

Memo Item

Transaction ID : SB17.5209

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Disbursement this Period

42.00

Memo Item

Transaction ID : SB17.5215

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

44.60

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

201604200200157516

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 6.00
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Full Name (Last, First, Middle Initial) B. APEX	
Mailing Address 138 CONANT STREET SECOND FLOOR		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
City BEVERLY	State MA Zip Code 01915	Amount of Each Disbursement this Period 0.40
Purpose of Disbursement MERCHANT FEES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Full Name (Last, First, Middle Initial) C. APEX	
Mailing Address 138 CONANT STREET SECOND FLOOR		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
City BEVERLY	State MA Zip Code 01915	Amount of Each Disbursement this Period 4.00
Purpose of Disbursement MERCHANT FEES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	SUBTOTAL of Disbursements This Page (optional)..... 10.40	
TOTAL This Period (last page this line number only).....		

201604200200157517

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 04 / 2016

Amount of Each Disbursement this Period

208.00

Memo Item

Transaction ID : SB17.5225

B. APEX

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 05 / 2016

Amount of Each Disbursement this Period

30.00

Memo Item

Transaction ID : SB17.5226

C. APEX

Mailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 08 / 2016

Amount of Each Disbursement this Period

4.00

Memo Item

Transaction ID : SB17.5227

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

242.00

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

201604200200157516

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5229
City BEVERLY State MA Zip Code 01915		
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5230
City BEVERLY State MA Zip Code 01915		
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 108.40 <input type="checkbox"/> Memo Item Transaction ID : SB17.5231
City BEVERLY State MA Zip Code 01915		
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	158.40
TOTAL This Period (last page this line number only).....	

201604200200157519

**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 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 8.00
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5235
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 20.00
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5236
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 109.00
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5242
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	137.00
TOTAL This Period (last page this line number only).....	

201604200200157520

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5248
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 20.00
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5249
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 0.60
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5250
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional)	24.60
TOTAL This Period (last page this line number only)	

201604200200157521

**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 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. APEX			Date of Disbursement MM / DD / YYYY 03 / 10 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 60.00	
City BEVERLY	State MA	Zip Code 01915		
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. APEX			Date of Disbursement MM / DD / YYYY 03 / 15 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 46.00	
City BEVERLY	State MA	Zip Code 01915		
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. APEX			Date of Disbursement MM / DD / YYYY 03 / 16 / 2016	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 192.00	
City BEVERLY	State MA	Zip Code 01915		
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....			298.00	
TOTAL This Period (last page this line number only).....				

201604200200157522

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. APEX

Full Name (Last, First, Middle Initial)
Mailing Address **138 CONANT STREET
SECOND FLOOR**

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

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
03 / 17 / 2016

Amount of Each Disbursement this Period
20.00

Memo Item

Transaction ID : **SB17.5373**

B. APEX

Full Name (Last, First, Middle Initial)
Mailing Address **138 CONANT STREET
SECOND FLOOR**

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

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
03 / 18 / 2016

Amount of Each Disbursement this Period
108.64

Memo Item

Transaction ID : **SB17.5374**

C. APEX

Full Name (Last, First, Middle Initial)
Mailing Address **138 CONANT STREET
SECOND FLOOR**

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

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
03 / 24 / 2016

Amount of Each Disbursement this Period
12.00

Memo Item

Transaction ID : **SB17.5378**

SUBTOTAL of Disbursements This Page (optional) **140.64**

TOTAL This Period (last page this line number only)

201604200200157523

**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 76
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

A. APEX

Full Name (Last, First, Middle Initial)

Mailing Address **138 CONANT STREET
SECOND FLOOR**

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

Purpose of Disbursement **MERCHANT FEES**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement **03 / 25 / 2016**

Amount of Each Disbursement this Period **112.00**

Memo Item

Transaction ID : **SB17.5379**

B. APEX

Full Name (Last, First, Middle Initial)

Mailing Address **138 CONANT STREET
SECOND FLOOR**

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

Purpose of Disbursement **MERCHANT FEES**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement **03 / 30 / 2016**

Amount of Each Disbursement this Period **44.00**

Memo Item

Transaction ID : **SB17.5432**

C. AREA USA

Full Name (Last, First, Middle Initial)

Mailing Address **FORT DRUM SERVICE PLAZA**

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

Purpose of Disbursement **ROBINSON REIMBURSEMENT: TRAVEL: FOOD**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement **01 / 08 / 2016**

Amount of Each Disbursement this Period **4.69**

Memo Item

Transaction ID : **SB17.5278**

SUBTOTAL of Disbursements This Page (optional)..... **156.00**

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

201604200200157524

**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 76
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. AVENUE		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 115 EAST PARK AVE.		Amount of Each Disbursement this Period 211.69
City TALLAHASSEE	State FL	
Zip Code 32301		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		
Candidate Name		Transaction ID : SB17.5293
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. BOGART ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 2000.00
City ALEXANDRIA	State VA	
Zip Code 22314		<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING CONSULTING		
Candidate Name		Transaction ID : SB17.5244
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. BOGART ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 594.67
City ALEXANDRIA	State VA	
Zip Code 22314		<input type="checkbox"/> Memo Item
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		
Candidate Name		Transaction ID : SB17.5245
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2594.67
TOTAL This Period (last page this line number only).....	

201604200200157525

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. BOGART ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 388.31
City ALEXANDRIA	State VA	
Zip Code 22314		<input type="checkbox"/> Memo Item Transaction ID : SB17.5251
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. BUSY BEE		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 6458 US HWY 129 NORTH		Amount of Each Disbursement this Period 10.37
City LIVE OAK	State FL	
Zip Code 32060		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5271
Purpose of Disbursement MCDUGALD REIMBURSEMENT: TRAVEL: FOOD		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. CAPITAL HILL CLUB		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 403.28
City WASHINGTON	State DC	
Zip Code 20003		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5261
Purpose of Disbursement BOGART REIMBURSEMENT: MEETING EXPENSE: MEALS		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	388.31
TOTAL This Period (last page this line number only).....	

201604200200157526

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. CAPITAL HILL CLUB		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 356.36
City WASHINGTON	State DC	
Purpose of Disbursement BOGART REIMBURSEMENT: MEETING EXPENSE: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : SB17.5300	

Full Name (Last, First, Middle Initial) B. CARD SERVICES		Date of Disbursement MM / DD / YYYY 03 / 16 / 2016
Mailing Address PO BOX 13337		Amount of Each Disbursement this Period 1339.85
City PHILADELPHIA	State PA	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/>
State: District:	Transaction ID : SB17.5372	

Full Name (Last, First, Middle Initial) C. CARD SERVICES		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address PO BOX 13337		Amount of Each Disbursement this Period 1260.21
City PHILADELPHIA	State PA	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/>
State: District:	Transaction ID : SB17.5375	

SUBTOTAL of Disbursements This Page (optional).....	2600.06
TOTAL This Period (last page this line number only).....	

201604200200157527

**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 76
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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

A. CENTRAL GARAGE

Full Name (Last, First, Middle Initial)
Mailing Address 53 WEST CENTRAL BLVD.

City ORLANDO State FL Zip Code 32203

Purpose of Disbursement
ROBINSON REIMBURSEMENT: TRAVEL: PARKING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 01 / 2016

Amount of Each Disbursement this Period
6.00

Memo Item

Transaction ID : SB17.5282

B. CITGO

Full Name (Last, First, Middle Initial)
Mailing Address 8453 E. COLONIAL DRIVE

City ORLANDO State FL Zip Code 32803

Purpose of Disbursement
FOWLKES REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 29 / 2016

Amount of Each Disbursement this Period
12.00

Memo Item

Transaction ID : SB17.5295

C. CONSTANT CONTACT

Full Name (Last, First, Middle Initial)
Mailing Address 1601 TRAPELO ROAD

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement
METEORIC MEDIA STRATEGIES REIMBURSEMENT: E-MAIL MARKETING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 07 / 2016

Amount of Each Disbursement this Period
170.00

Memo Item

Transaction ID : SB17.5314

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

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

201604200200157526

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

A. CONVENTION CENTER GARAGE

Full Name (Last, First, Middle Initial)
Mailing Address 333 S FRANKLIN STREET

City TAMPA State FL Zip Code 33602

Purpose of Disbursement
FOWLKES REIMBURSEMENT: TRAVEL: PARKING

Candidate Name

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

State: District:

Date of Disbursement: 02 / 29 / 2016

Amount of Each Disbursement this Period: 9.50

Memo Item

Transaction ID : SB17.5299

B. COURTYARD MARRIOTT

Full Name (Last, First, Middle Initial)
Mailing Address 1750 PEMBROOK DRIVE

City ORLANDO State FL Zip Code 32810

Purpose of Disbursement
ADVANCING REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement: 03 / 15 / 2016

Amount of Each Disbursement this Period: 473.72

Memo Item

Transaction ID : SB17.5383

C. DOUBLETREE

Full Name (Last, First, Middle Initial)
Mailing Address 5780 MAJOR BLVD.

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement
METEORIC MEDIA STRATEGIES REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement: 03 / 07 / 2016

Amount of Each Disbursement this Period: 100.00

Memo Item

Transaction ID : SB17.5318

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

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

201604200200157529

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. EMBASSY SUITES ORLANDO NORTH		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 225 SHORECREST DRIVE		Amount of Each Disbursement this Period 245.28 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5303
City ALTAMONTE SPRINGS	State FL	
Zip Code 32701	Purpose of Disbursement ISAAC REIMBURSEMENT: TRAVEL: LODGING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. ENTERPRISE RENT-A-CAR		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 145 AIRPORT ROAD		Amount of Each Disbursement this Period 84.46 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5316
City BUNNELL	State FL	
Zip Code 32110	Purpose of Disbursement METEORIC MEDIA STRATEGIES REIMBURSEMENT: TRAVEL: CAR RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 715 D STREET		Amount of Each Disbursement this Period 134.83 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5263
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement BOGART REIMBURSEMENT: PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

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

201604200200157530

**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 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016	
Mailing Address 175 E ALTAMONTE DR. STE 1050		Amount of Each Disbursement this Period 54.61	
City ALTAMONTE SPRINGS	State FL	Zip Code 32701	Category/ Type <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5387
Purpose of Disbursement FOWLKES REIMBURSEMENT: POSTAGE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FERNANDEZ MEDIA		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 2865 GRASSMOOR LOOP		Amount of Each Disbursement this Period 550.00	
City APOPKA	State FL	Zip Code 32712	Category/ Type <input type="checkbox"/> Memo Item Transaction ID : SB17.5376
Purpose of Disbursement PHOTOGRAPHY SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FORT DRUM SHELL		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016	
Mailing Address MILE MARKER 184 FL TURNPIKE		Amount of Each Disbursement this Period 3.83	
City OKEECHOBEE	State FL	Zip Code 34972	Category/ Type <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5280
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

201604200200157531

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 76			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) A. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016
Mailing Address 5500 DEAN ROAD		Amount of Each Disbursement this Period 500.00
City OVIEDO	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING		<input type="checkbox"/> Memo Item Transaction ID : SB17.5238
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 5500 DEAN ROAD		Amount of Each Disbursement this Period 34.45
City OVIEDO	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		<input type="checkbox"/> Memo Item Transaction ID : SB17.5247
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. JUTA FOWLKES		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 5500 DEAN ROAD		Amount of Each Disbursement this Period 436.51
City OVIEDO	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		<input type="checkbox"/> Memo Item Transaction ID : SB17.5368
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	970.96
TOTAL This Period (last page this line number only).....	

201604200200157532

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 54 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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

A. GODADDY

Full Name (Last, First, Middle Initial)

Mailing Address 14455 N HAYDEN ROAD
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
CARD SERVICES: WEB HOSTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2016

Amount of Each Disbursement this Period
678.50

Memo Item

Transaction ID : SB17.5400

B. HERTZ

Full Name (Last, First, Middle Initial)

Mailing Address 225 BRAE BLVD.

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement
ADVANCING REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 15 / 2016

Amount of Each Disbursement this Period
450.21

Memo Item

Transaction ID : SB17.5385

C. HILTON GARDEN INN

Full Name (Last, First, Middle Initial)

Mailing Address 8270 N TAMIAMI TRAIL

City SARASOTA State FL Zip Code 34243

Purpose of Disbursement
CARD SERVICES: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 16 / 2016

Amount of Each Disbursement this Period
233.04

Memo Item

Transaction ID : SB17.5394

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

201604200200157533

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HILTON GARDEN INN - SARASOTA		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 8270 N TAMIAMI TRAIL		Amount of Each Disbursement this Period 100.00
City SARASOTA	State FL	
Zip Code 34243	Purpose of Disbursement METEORIC MEDIA STRATEGIES REIMBURSEMENT: TRAVEL: LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5320
State: District:		

Full Name (Last, First, Middle Initial) B. HILTON HOTELS		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 350 NORTHLAKE BLVD.		Amount of Each Disbursement this Period 300.00
City ALTAMONTE SPRINGS	State FL	
Zip Code 32701	Purpose of Disbursement METEORIC MEDIA STRATEGIES REIMBURSEMENT: TRAVEL: LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5310
State: District:		

Full Name (Last, First, Middle Initial) C. HOMEWOOD SUITES		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 290 SOUTHHALL LANE		Amount of Each Disbursement this Period 400.00
City MAITLAND	State FL	
Zip Code 32751	Purpose of Disbursement METEORIC MEDIA STRATEGIES REIMBURSEMENT: TRAVEL: LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5312
State: District:		

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

201604200200157534

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 56 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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

Full Name (Last, First, Middle Initial) A. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 16483.00	
City TAMPA	State FL	Zip Code 33625	Category/ Type
Purpose of Disbursement COMMUNICATION SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		Transaction ID : SB17.5211	

Full Name (Last, First, Middle Initial) B. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 8000.00	
City TAMPA	State FL	Zip Code 33625	Category/ Type
Purpose of Disbursement COMMUNICATION SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		Transaction ID : SB17.5234	

Full Name (Last, First, Middle Initial) C. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016	
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 8000.00	
City TAMPA	State FL	Zip Code 33625	Category/ Type
Purpose of Disbursement COMMUNICATION SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		Transaction ID : SB17.5252	

SUBTOTAL of Disbursements This Page (optional).....	32483.00
TOTAL This Period (last page this line number only).....	

201604200200157535

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. ERIN ISAAC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 11107 SHADYBROOK DRIVE		Amount of Each Disbursement this Period 251.64
City TAMPA	State FL	
Zip Code 33625		<input type="checkbox"/> Memo Item
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		
Candidate Name		Transaction ID : SB17.5253
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. JENNIFER MCDUGALD, LLC		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 1000.00
City WINDERMERE	State FL	
Zip Code 34786		<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING CONSULTING		
Candidate Name		Transaction ID : SB17.5213
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. JENNIFER MCDUGALD, LLC		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 11.50
City WINDERMERE	State FL	
Zip Code 34786		<input type="checkbox"/> Memo Item
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		
Candidate Name		Transaction ID : SB17.5214
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1263.14
TOTAL This Period (last page this line number only).....	

201604200200157536

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) A. JENNIFER MCDUGALD, LLC		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 4750.00
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item Transaction ID : SB17.5223
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JENNIFER MCDUGALD, LLC		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 150.14
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	<input type="checkbox"/> Memo Item Transaction ID : SB17.5224
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JENNIFER MCDUGALD, LLC		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 500.00
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item Transaction ID : SB17.5228
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5400.14
TOTAL This Period (last page this line number only).....	

201604200200157537

**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)

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

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

Full Name (Last, First, Middle Initial) A. JENNIFER MCDOUGALD, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016							
Mailing Address PO BOX 521									
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Disbursement this Period 2344.83						
Purpose of Disbursement COMMUNICATION SERVICES		Category/ Type	<input type="checkbox"/> Memo Item						
Candidate Name		Transaction ID : SB17.5254							
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								
State:	District:								
Full Name (Last, First, Middle Initial) B. JENNIFER MCDOUGALD, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016							
Mailing Address PO BOX 521									
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Disbursement this Period 846.16						
Purpose of Disbursement TRAVEL MILEAGE		Category/ Type	<input type="checkbox"/> Memo Item						
Candidate Name		Transaction ID : SB17.5255							
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								
State:	District:								
Full Name (Last, First, Middle Initial) C. JENNIFER MCDOUGALD, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016							
Mailing Address PO BOX 521									
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Disbursement this Period 57.90						
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type	<input type="checkbox"/> Memo Item						
Candidate Name		Transaction ID : SB17.5256							
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								
State:	District:								
SUBTOTAL of Disbursements This Page (optional).....		3248.89							
TOTAL This Period (last page this line number only).....									

201604200200157536

**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)

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

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

Full Name (Last, First, Middle Initial) A. JENNIFER MCDUGALD, LLC		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016	
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 500.00	
City WINDERMERE	State FL	Zip Code 34786	<input type="checkbox"/> Memo Item Transaction ID : SB17.5377
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. JOE ROBINSON, LLC		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016	
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 5000.00	
City ORLANDO	State FL	Zip Code 32835	<input type="checkbox"/> Memo Item Transaction ID : SB17.5205
Purpose of Disbursement FIELD CONSULTING		Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) C. JOE ROBINSON, LLC		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016	
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 16.03	
City ORLANDO	State FL	Zip Code 32835	<input type="checkbox"/> Memo Item Transaction ID : SB17.5206
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		5516.03	
TOTAL This Period (last page this line number only).....			

201604200200157539

**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)

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

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

Full Name (Last, First, Middle Initial) A. JOE ROBINSON, LLC			Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 7317 LISMORE COURT			Amount of Each Disbursement this Period 3750.00	
City ORLANDO	State FL	Zip Code 32835	<input type="checkbox"/> Memo Item Transaction ID : SB17.5221	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JOE ROBINSON, LLC			Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 7317 LISMORE COURT			Amount of Each Disbursement this Period 280.24	
City ORLANDO	State FL	Zip Code 32835	<input type="checkbox"/> Memo Item Transaction ID : SB17.5222	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MAJORITAS USA			Date of Disbursement MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 1629 K STREET SUITE 300			Amount of Each Disbursement this Period 7750.00	
City WASHINGTON	State DC	Zip Code 20006	<input type="checkbox"/> Memo Item Transaction ID : SB17.5212	
Purpose of Disbursement PLACED MEDIA		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	11780.24
TOTAL This Period (last page this line number only)	

201604200200157540

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 62 OF 76
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. METEORIC MEDIA STRATEGIES		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016
Mailing Address 317 EAST PARK AVE.		Amount of Each Disbursement this Period 15000.00
City TALLAHASSEE	State FL	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/> Transaction ID : SB17.5240
State:	District:	

Full Name (Last, First, Middle Initial) B. METEORIC MEDIA STRATEGIES		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 317 EAST PARK AVE.		Amount of Each Disbursement this Period 1154.46
City TALLAHASSEE	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/> Transaction ID : SB17.5257
State:	District:	

Full Name (Last, First, Middle Initial) C. METEORIC MEDIA STRATEGIES		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 317 EAST PARK AVE.		Amount of Each Disbursement this Period 10000.00
City TALLAHASSEE	State FL	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/> Transaction ID : SB17.5258
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	26154.46
TOTAL This Period (last page this line number only).....	

201604200200157541

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 6285 W WATERS AVE.		Amount of Each Disbursement this Period 6.36
City TAMPA	State FL	
Zip Code 33634		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement ISAAC REIMBURSEMENT: OFFICE SUPPLIES		
Candidate Name		Transaction ID : SB17.5305
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 2925 W CORP LAKES BLVD.		Amount of Each Disbursement this Period 62.17
City WESTON	State FL	
Zip Code 33331		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement CARD SERVICES: OFFICE SUPPLIES		
Candidate Name		Transaction ID : SB17.5403
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. PAN DOLCE		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 3341 EATS OAKLAND PARK BLVD.		Amount of Each Disbursement this Period 12.00
City FORT LAUDERDALE	State FL	
Zip Code 33308		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		
Candidate Name		Transaction ID : SB17.5286
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

201604200200157542

**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)

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

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

Full Name (Last, First, Middle Initial) A. PANERA BREAD		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address CAFE 4177 APOPKA VINELAND ROAD		Amount of Each Disbursement this Period 6.43
City ORLANDO	State FL	
Zip Code 32802	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5287
State: District:		

Full Name (Last, First, Middle Initial) B. POMPANO SHELL		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address FLORIDA TURNPIKE MILE MARKER 65		Amount of Each Disbursement this Period 3.19
City POMPANO BEACH	State FL	
Zip Code 33064	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5274
State: District:		

Full Name (Last, First, Middle Initial) C. POST OFFICE-WINDERMERE		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 9300 CONROY WINDERMERE ROAD		Amount of Each Disbursement this Period 11.50
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement MCDUGALD REIMBURSEMENT: POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5266
State: District:		

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

201604200200157543

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. POST OFFICE-WINDERMERE		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 9300 CONROY WINDERMERE ROAD		Amount of Each Disbursement this Period \$ 30.15
City WINDERMERE	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: POSTAGE		Transaction ID : SB17.5267
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. POST OFFICE-WINDERMERE		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 9300 CONROY WINDERMERE ROAD		Amount of Each Disbursement this Period \$ 12.90
City WINDERMERE	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: POSTAGE		Transaction ID : SB17.5308
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PUBLIX		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 303 SE 17TH STREET		Amount of Each Disbursement this Period \$ 12.37
City OCALA	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: EVENT STAGING EXPENSE		Transaction ID : SB17.5270
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

201604200200157544

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RACEWAY		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 6077 DUNCAN ROAD		Amount of Each Disbursement this Period 30.00
City PUNTA GORDA	State FL	
Purpose of Disbursement CARD SERVICES: TRAVEL: FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 5599.00
City BEVERLY	State MA	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 3533.86
City BEVERLY	State MA	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	9132.86
TOTAL This Period (last page this line number only).....	

201604200200157545

**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)

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

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

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period \$ 3557.53
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING		<input type="checkbox"/> Memo Item Transaction ID : SB17.5369
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. REPUBLICAN'S WOMENS CLUB - ORLANDO		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address PO BOX 533072		Amount of Each Disbursement this Period \$ 45.00
City ORLANDO	State FL Zip Code 32853	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: EVENT REGISTRATION FEE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5307
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AZIM SAJU		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 5745 SW 42ND PLACE		Amount of Each Disbursement this Period \$ 150.00
City OCALA	State FL Zip Code 34474	
Purpose of Disbursement "IN-KIND: FACILITY RENTAL/CATERING SERVICES		<input type="checkbox"/> Memo Item Transaction ID : SB17.5199
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 3707.53
TOTAL This Period (last page this line number only).....	\$

201604200200157546

**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)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address **FLORIDA TURNPIKE MILE MARKER 145**

City **PORT SAINT LUCIE** State **FL** Zip Code **34952**

Purpose of Disbursement
ROBINSON REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2016

Amount of Each Disbursement this Period

4.66
 Memo Item

Transaction ID : **SB17.5284**

B. SHELL

Full Name (Last, First, Middle Initial)

Mailing Address **FLORIDA TURNPIKE MILE MARKER 184**

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

Purpose of Disbursement
ROBINSON REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2016

Amount of Each Disbursement this Period

4.04
 Memo Item

Transaction ID : **SB17.5291**

C. SMART CITY NETWORKS

Full Name (Last, First, Middle Initial)

Mailing Address **5795 W BADURA AVE.
SUITE 110**

City **LAS VEGAS** State **NV** Zip Code **89118**

Purpose of Disbursement
FOWLKES REIMBURSEMENT: TECHNOLOGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Amount of Each Disbursement this Period

12.95
 Memo Item

Transaction ID : **SB17.5297**

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

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

0.00

201604200200157547

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. SQUARE, INC.

Full Name (Last, First, Middle Initial)
Mailing Address: 110 5TH STREET

City: SAN FRANCISCO State: CA Zip Code: 94103

Purpose of Disbursement: MERCHANT FEES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 01 / 11 / 2016

Amount of Each Disbursement this Period: 1.38

Memo Item

Transaction ID : SB17.5208

B. SQUARE, INC.

Full Name (Last, First, Middle Initial)
Mailing Address: 110 5TH STREET

City: SAN FRANCISCO State: CA Zip Code: 94103

Purpose of Disbursement: MERCHANT FEES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 01 / 22 / 2016

Amount of Each Disbursement this Period: 8.90

Memo Item

Transaction ID : SB17.5217

C. STARBUCKS

Full Name (Last, First, Middle Initial)
Mailing Address: 4602 WEST COLLEGE ROAD

City: OCALA State: FL Zip Code: 34482

Purpose of Disbursement: MCDUGALD REIMBURSEMENT: TRAVEL: FOOD

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 02 / 03 / 2016

Amount of Each Disbursement this Period: 2.23

Memo Item

Transaction ID : SB17.5272

SUBTOTAL of Disbursements This Page (optional)..... 10.28

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

201604200200157546

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 405 HOWARD STREET		Amount of Each Disbursement this Period 56.56
City SAN FRANCISCO	State CA	
Zip Code 94105		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement BOGART REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		
Candidate Name		Transaction ID : SB17.5265
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 405 HOWARD STREET		Amount of Each Disbursement this Period 31.95
City SAN FRANCISCO	State CA	
Zip Code 94105		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement BOGART REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		
Candidate Name		Transaction ID : SB17.5301
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		Amount of Each Disbursement this Period 750.40
City CHICAGO	State IL	
Zip Code 60606		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement ADVANCING REIMBURSEMENT: TRAVEL: AIR		
Candidate Name		Transaction ID : SB17.5381
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

201604200200157549

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 76

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

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

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
FOWLKES REIMBURSEMENT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Amount of Each Disbursement this Period

381.90

Memo Item

Transaction ID : SB17.5389

B. VIP CAB

Full Name (Last, First, Middle Initial)

Mailing Address 2606 BLADENSBURG ROAD NE

City WASHINGTON State DC Zip Code 20018

Purpose of Disbursement
CARD SERVICES: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Amount of Each Disbursement this Period

23.82

Memo Item

Transaction ID : SB17.5398

C. VISTAPRINT

Full Name (Last, First, Middle Initial)

Mailing Address 95 HAYDEN AVE.

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement
CARD SERVICES: PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Amount of Each Disbursement this Period

132.18

Memo Item

Transaction ID : SB17.5392

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

0.00

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

201604200200157550

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TODD WILCOX FOR US SENATE

Full Name (Last, First, Middle Initial) A. VISTAPRINT		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 95 HAYDEN AVE.		Amount of Each Disbursement this Period 47.21	
City LEXINGTON	State MA	Zip Code 02421	Category/ Type <input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement CARD SERVICES: PRINTING & DESIGN SERVICES			
Candidate Name		Transaction ID : SB17.5401	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) B. WALGREENS		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016	
Mailing Address 3600 WINTER GARDEN VINELAND RD.		Amount of Each Disbursement this Period 25.54	
City WINTER GARDEN	State FL	Zip Code 34767	Category/ Type <input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement MCDUGALD REIMBURSEMENT: EVENT STAGING EXPENSE			
Candidate Name		Transaction ID : SB17.5269	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) C. WINGS PLUS		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 9880 SAMPLE ROAD		Amount of Each Disbursement this Period 35.42	
City CORAL SPRINGS	State FL	Zip Code 33065	Category/ Type <input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD			
Candidate Name		Transaction ID : SB17.5289	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		0.00	
TOTAL This Period (last page this line number only).....		149373.74	

201604200200157551

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4190

TODD WILCOX FOR US SENATE

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

TODD WILCOX

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 616308

City State ZIP Code
ORLANDO FL 32861

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

TERMS

Date Incurred: M⁰⁶ D¹⁸ Y²⁰¹⁵ Date Due: M D Y^{12/31/2018} Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)... 100000.00

TOTALS This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201604200200157552

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **TODD WILCOX FOR US SENATE** Transaction ID : SC/10.4191

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

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 616308

City State ZIP Code
ORLANDO FL 32861

Original Amount of Loan **400000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **400000.00**

TERMS Date Incurred **09/30/2015** Date Due **12/31/2018** Interest Rate **0.00** % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

SUBTOTALS This Period This Page (optional)... **400000.00**

TOTALS This Period (last page in this line only) .. **400000.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201604200200157553

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

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

Transaction ID : SC/10.4770

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

TODD WILCOX

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 616308

City State ZIP Code
ORLANDO FL 32861

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12 ^M / 31 ^D / 2015	12/31/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...

250000.00

TOTALS This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201604200200157554

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5479

TODD WILCOX FOR US SENATE

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

TODD WILCOX

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 616308

City State ZIP Code
ORLANDO FL 32861

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS

Date Incurred: 03 / 31 / 2016 Date Due: / / 12/31/2018 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)...

250000.00

TOTALS This Period (last page in this line only) ..

1000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201604200200157555

Pull to open.

Insert shipping document here

ORIGIN ID:MXGA (617) 303-6800
TODD WILCOX FOR US SENATE
C/O RED CURVE SOLUTIONS
138 CONANT STREET
2ND FLOOR
BEVERLY, MA 01915
UNITED STATES US

SHIP DATE: 15APR16
ACTWGT: 0.10 LB
CAD: 105653717/NET3730

BILL SENDER

Extremalv I Inc -

TO FEC
FEDERAL ELECTION COMMISSION
999 E ST NW

540.1104.21721F

WASHINGTON DC 20463
REF: (202) 694-1000
DEPT: INV: PO:



FedEx Express



211010248107

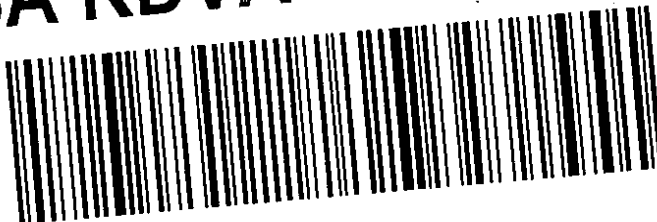
FedEx Ship Manager - Print Your Label(s)

MON - 18 APR 3:00P
STANDARD OVERNIGHT

TRK# 7761 2168 3795
0201

SA RDVA

20463
DC-US IAD



RECEIVED
FEC MAIL CENTER
2016 APR 18 AM 9:34

3795
04.18
16:00
1

RT 677



4/15/2016

Pull to open. 604200200157556

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

ELECTRONICALLY DELIVERED _____
Date of Receipt

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>4-15-16</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION 4-19-16
Date of Receipt

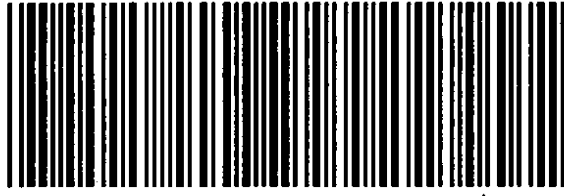
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

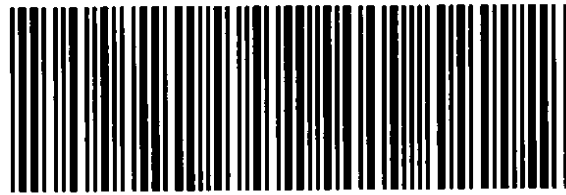
OTHER 4-15-16
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-19-16

201604200200157557



SEN PATCH



SEN PATCH

201604200200157556