FFC I	REPORT AND DISI		MENTS	of	RECEIVED FEG MAIL CENTER
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, type er the lines.	: 12FE4M5	-
$\frac{M_{1}}{M_{1}} + \frac{M_{1}}{M_{1}} + \frac{M_{1}}{M$		<u>               </u>			
Check if different than previously reported. (ACC)	Brioloiks	<u>v:11e</u>	<u></u>	IF4 B	<u> </u>  6,0,4]-[_,_,]
2. FEC IDENTIFICATION N	IUMBER 🛡			STATE	
C005430	09	3. Is this Report	$\chi$ New (N) OR	AMENDED (A)	STATE ▼ DISTRICT
<ul> <li>4. TYPE OF REPORT (C</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly</li> <li>X July 15 Quarterly</li> <li>October 15 Quart</li> </ul>	Report (Q1) Report (Q2)	b) 12-Day <b>PRE</b> Election on	-Election Report for the Primary (12P) Convention (12C)	: General (12G Special (12S)	
January 31 Year-F	End Report (YE) (	c) 30-Day POS	T-Election Report for th	ie:	· · · · · · · · · · · · · · · · · · ·
X. Termination Repo	t (TER)	Election on	General (30G) M M / D D	Runoff (30R)	Special (30S) in the State of
5. Covering Period	q. / 8 j / .	2016	through	6 ( <u>30</u> ) à	1016
I certify that I have examined a Type or Print Name of Treasur Signature of Treasurer NOTE: Submission of false, erro Office Use Only	er Martthew S	schnacker	berg	Date Date	30/2016.
FESAN018	<b>-</b>		<u>ــــــــــــــــــــــــــــــــــــ</u>		

Γ	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	Page <b>2</b>
. <u> </u>	Inte or Type Committee Name Math For Congress F		· ·
R	eport Covering the Period: From:	9 0.1 201.6 TO	0.6 3.0 3.0.1.6
6,,	Net Contributions (other than loans)	COLUMN A This Period	COLUMN B Election Cycle-to-Date
	(a) Total Contributions (other than loans) (from Line 11(e))	0.0.0	1,6.12,3.5
	(b) Total Contribution Refunds (from Line 20(d))	0.00	
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	1,61-2.35
7.	Net Operating Expenditures	· · · ·	• •
	(a) Total Operating Expenditures (from Line 17)	10,1.9	1,23.8.21
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00!	0.001
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	. 10.0.9*	1,238,211
8.	Cash on Hand at Close of Reporting Period (from Line 27)	.327.60	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0,0.0	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0,0.0!	

## For further information contact:

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

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

2016-07-06-01-00079492

FE5AN018

Γ	-	EC Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	Page 3
	/rite	or Type Committee Name		· · · · · · · · · · · · · · · · · · ·
		Mall For Congress	FL-11	
R		t Covering the Period: From:	4 0.1 2.0.1.6	. 0.6 / <u>3.0</u> / <u>a.07.6</u>
		I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	со	NTRIBUTIONS (other than loans) FROM:		
	(a)	Individuals/Persons Other Than	· .	
		Political Committees (i) Itemized (use Schedule A)	$\int \partial \rho$	65600
		(i) Itemized (use Schedule A)		
		(ii) Unitemized (iii) TOTAL of contributions	0.0.0	3.0 2.0.0
		from individuals	6.0.0	95.8.0.0
	(b)	Political Party Committees	0.00	0.00
	(C) (C)	Other Political Committees		
		(such as PACs)	0.0.0	
	( <b>d</b> )	The Candidate		6.5.43.5
	(e)	TOTAL CONTRIBUTIONS (other than loans)		
		(add Lines 11(a)(iii), (b), (c), and (d))		6.1.2.3.5
12.	TR/	ANSFERS FROM OTHER		
<u></u>	۵Ű	THORIZED COMMITTEES	0.00	
13.	LO	ANS:		
	(a)	Made or Guaranteed by the Candidate	0.0.0	0.00
·	(b) (c)	All Other Loans TOTAL LOANS		
		(add Lines 13(a) and (b))	<u> </u>	0.00
14.	OF	ESETS TO OPERATING		- -
		PENDITURES funds, Rebates, etc.)	$\rho_{00}$	000
<u> </u>	-			
15.		HER RECEIPTS ridends, Interest, etc.)	0.00	(), 0, 0
16.	то	TAL RECEIPTS (add Lines		
	-11(	e), 12, 13(c), 14, and 15) rry Total to Line 24, page 4)	0.0.0	61.2.3.5

2016 · 07 · 06 · 0M · 0007040M

	FEC Form 3 (Revised 02/2003)	DETAILED SUMMARY PAGE of Disbursements	Page 4
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	1.0,1.9	1,2.38,2
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0,00	.0.0.0
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.0.0	
	<ul> <li>(b) Of All Other Loans</li> <li>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))</li> </ul>		0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	
	<ul> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees         <ul> <li>(such as PACs)</li> </ul> </li> </ul>		0,0. 0,0
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	.0.00	0,0
21.	OTHER DISBURSEMENTS	0.0.0	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1.0,1.9	1,2.3.8.2

III. CASH SUMMARY

-		·
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	3.2.7.6.0
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	10,19
25.	SUBTOTAL (add Line 23 and Line 24)	3.3.7.7.9
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	
23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	337.79

FE5AN018

SCHEDULE A (FEC Form 3)	· · ·	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE ) OF ) (check only one)
ITEMIZED RECEIPTS	nd Statements m	Detailed Summary Page	11a     11b     11c     11d       12     13a     13b     14     15       person for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and a	address of any political committee	ee to solicit contributions from such committee.
Matter (in Full)	ress F	L-11	
Full Name (Last, First, Middle Initial)		·	Date of Receipt
Mailing Address			MM/DD/YYYY
City	State	Zip Code	— · · · · · · · · · · · · · · · · · · ·
FEC ID number of contributing federal political committee.	Ċ		Amount of Each Receipt this Period
Name of Employer	Occupation	· · · · · · · · · · · · · · · · · · ·	
Receipt For:	Election C	/cle-to-Date	
Other (specify)		9 · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial)	<u></u>		Date of Receipt
Mailing Address		•	M M / D D / Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation		
Receipt For: Primary General Other (specify)	Election C	/cle-to-Date	
Full Name (Last, First, Middle Initial)		· • • • • • • • • • • • • • • • • • • •	
		· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation		······································
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
SUBTOTAL of Receipts This Page (optional)			, <i>0.00</i>
TOTAL This Period (last page this line numb	per only)		- 0.00 , 0.00

2016-07-06-08-00079495

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         11a         11b         11c         11d           12         13a         13b         14         15
or for commercial purposes, other than using	the name and a	address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
V Matt For Long	ress F	-L-11	·
Full Name (Last, First, Middle Initial)			
A. Mailing Address		· ·	Date of Receipt
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С	······································	Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
Full Name (Last, First, Middle Initial)			Date of Receipt
B. Mailing Address			
City	State	Zip Codé	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	<u>י</u> ז	
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
Full Name (Last, First, Middle Initial)		· · · ·	Date of Peociet
C. Mailing Address			Date of Receipt
City	State	Zip Code	· · · · ·
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	י <u>י</u>	
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
SUBTOTAL of Receipts This Page (optional).			, <i>0.0</i> 0
TOTAL This Period (last page this line numb	er only)		_ , , 0.00 , , 0.0 <b>0</b>

2016-07-06-08-00070406

				FOR LINE NUMBER PAGE OF
SCHEDULE A (FEC Form 3)			Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Ar or	y information copied from such Reports and s for commercial purposes, other than using th	Statements me e name and	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Matt For Cong	ress	FL-11	
	Full Name (Last, First, Middle Initial)			
A.			<u> </u>	Date of Receipt
	Mailing Address			M M / D D / Y Y Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С	· · ·	Amount of Each Receipt this Period
	Name of Employer	Occupation		<b>j</b>
	Receipt For:	Election C	ycle-to-Date	
	Primary General		,	
	Other (specify)		, ,	
			· · · · · · · · · · · · · · · · · · ·	
	Full Name (Last, First, Middle Initial)			Date of Receipt
В.	Mailing Address			
			•	
	City	State	Zip Code	· · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	<u>וווייי</u>	· · · <b>,</b> · · · .
	Receipt For:	Election C	vcle-to-Date	
	Primary General			
	Other (specify)	-	3.5.*	
	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address			-
	C C			M M / D / Y Y Y Y
	City .	State	Zip Code	
	FEC ID number of contributing			-
	federal political committee.	С	• • • •	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Receipt For:	Election C	ycle-to-Date	
	Primary General Other (specify)		-	,
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	UBTOTAL of Receipts This Page (optional)			0.00.
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2016-07-06-03-00079497

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SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF J (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
			12 13a 13b 14 15
Any information copied from such Reports ar or for commercial purposes, other than using	the name and a	ay not be sold or used by any address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MGH For Long	ress F	-L-11	
Full Name (Last, First, Middle Initial)			
A			Date of Receipt
Mailing Address			м м / <b>д д / у у у у</b>
City	State	Zip Code	
FEG ID number of contribution		· · · ·	
FEC ID number of contributing federal political committee.	C ,		Amount of Each Receipt this Period
Name of Employer	Occupation	······································	• • • • • • • • • • • • • • • •
Receipt For:	Election Cy	vcle-to-Date	· ·
Primary General Other (specify)		- -	
		3 J J L J L + L	
Full Name (Last, First, Middle Initial)	<u> </u>		
B			Date of Receipt
Mailing Address			M M / D D / Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С	· · · · · · · · · · · · · · · · · · ·	Amount of Each Receipt this Period
Name of Employer	Contration		
	Occupation		و و و
Receipt For:	Election Cv	vcle-to-Date	
Primary General			
Other (specify)		j	
Full Name (Last, First, Middle Initial)	<b>I</b> ,		Date of Receipt
C. Mailing Address			
			мм/доў,/ү <sup>-</sup> үу'Ү 
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·
FEC ID number of contributing	~	· · · ·	<b>1</b>
federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation		
Receipt For	Election C	/cle-to-Date	
Primary General		·	•
Other (specify)		3 3 •	
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SUBTOTAL of Receipts This Page (optional)			- , , <u>0.00</u> , , <u>0.0</u> 0
TOTAL This Period (last page this line numb	er only)		, , 0.00
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SCHEDULE A (FEC Form 3)				FOR LINE NUMBER (check only one)	PAGE OF
			Use separate schedule(s) for each category of the		
IT	EMIZED RECEIPTS		Detailed Summary Page	11a 11b	
				12 13a	13b 14 15
Ai or	ny information copied from such Reports and for commercial purposes, other than using the	person for the purpose to solicit contribution	of soliciting contributions as from such committee.		
$\sum$	NAME OF COMMITTEE (In Full)				
Ĺ	Mat For Warre	ss F	6-11		
	Full Name (Last, First, Middle Initial)				
Α.			· · · <u>_</u> · · · · · · · · · · · · · · · · · ·	Date of Receipt	
	Mailing Address			M M / D	о / 'Y Y Y Y
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	City	State	Zip Code		
					<u>.</u>
	FEC ID number of contributing federal political committee.	С		Amount of Each	Receipt this Period
	iederal political committee.				
	Name of Employer	Occupation	n	<b>3</b>	g
	Receipt For:	Election C	ycle-to-Date		
	Primary General	Election C	yuc-lu-Dale		
	Other (specify)		з <sup>.</sup> з • .		
_	Full Name (Last, First, Middle Initial)				
_				Date of Receipt	
В.	Mailing Address			-	
	Maning Address			M M / D	D'/ Y Y Y Y
	City	State	Zip Code		· · · ·
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	FEC ID number of contributing	$\sim$		Amount of Each	Dessist this Design
	federal political committee.	<sup>,</sup> C		Amount of Each	Receipt this Period
	Name of Employer	Occupation	<b>ו</b> .	,	• • • • • • •
	Receipt For:	Election C	vcle-to-Date		
	Primary General	LIECTION O	ycie-io-Dale		
	Other (specify)				
			• • •		
	Full Name (Last, First, Middle Initial)				
~				Date of Receipt	
C.	Mailing Address				
	-		ı	M M / D	DIYYYY
	City	State	Zip Code		
			<u> </u>		
	FEC ID number of contributing	С			Provint this Dated
	federal political committee.			Amount of Each	Receipt this Period
	Name of Employer	Occupation			-
			'	5	. <b>3</b> * .
	Receipt For:	Election O	ycle-to-Date		
	Primary General				
	Other (specify)				
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r	·				
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s	UBTOTAL of Receipts This Page (optional)			•	, 0.00 , 0.00
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ד	OTAL This Period (last page this line number	only)		,	·, 10,00
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or for commercial purposes, other than using t	he name and	address of any political committe	FOR LINE NUMBER:       PAGE       OF       1         (check only one)       11a       11b       11c       11d         112       13a       13b       14       15         person for the purpose of soliciting contributions to solicit contributions from such committee.       0       0
Full Name (Last, First, Middle Initial) A. Mailing Address			Date of Receipt
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С	······································	Amount of Each Receipt this Period
Name of Employer	Occupation	n .	
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	· ·
Full Name (Last, First, Middle Initial) B.	1		Date of Receipt
City	State	Zip Code	M M / , O O / Y Y Y
FEC ID number of contributing federal political committee. Name of Employer	C		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
Full Name (Last, First, Middle Initial)	·	·····	Date of Receipt
C. Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	<u>רייי</u>	
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
SUBTOTAL of Receipts This Page (optional)	·		, , 0.00 , , 0.00

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FEC Schedule A (Form 3) (Revised 02/2009)

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Statements n	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE       OF         (check only one)       11a       11b       11c       11d         12       13a       13b       14       15         person for the purpose of soliciting contributions       10       10       10
NAME OF COMMITTEE (In Full)	e name and	address of any political committee $\Gamma - \Gamma $	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A.  Mailing Address City	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	C	· · · ·	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
Full Name (Last, First, Middle Initial) B Mailing Address		· · · · · · · · · · · · · · · · ·	
City FEC ID number of contributing federal political committee. Name of Employer	State C Occupatio	Zip Code	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
Full Name (Last, First, Middle Initial) C. Mailing Address City	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer           Receipt For:           Primary         General           Other (specify)	Occupatio Election C	n Xycle-to-Date	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			, , 0.00 , , 0.00

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s	HEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)	
		Detailed Summary Page		
_			· · · · · · · · · · · · · · · · · · ·	12   13a   13b   14   15
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements me name and	nay not be sold or used by any paddress of any political committee	person for the purpose of soliciting contributions eto solicit contributions from such committee.
$\overline{)}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Matt For Congre	FU F	6-11	
	Full Name (Last, First, Middle Initial)			
Α.				Date of Receipt
-	Mailing Address			
	City	State	Zip Code	
	FEC ID number of contributing	0	· · ·	Amount of Each Receipt this Period
	federal political committee.	С	. ·	Amount of Each Neverpt this Period
	Name of Employer	Occupation	n .	
	Pennint For	<b>5</b> 1*	vale to Date	
	Receipt For:	Election C	ycle-to-Date	
	Other (specify)	÷	g g •	
	Full Name (Last, First, Middle Initial)		÷	Date of Receipt
3.	Mailing Address			
	Mailing Address	•		MM/DD/YYYY
	City State Zip Code		Zip Code	
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
				Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Name of Employer	Occupation		<b>9 7</b> •
	Receipt For:	Election C	ycle-to-Date	-1
	Primary General	-	- -	
	Other (specify)		· ·	
			5	· · · · · · · · · · · · · · · · · · ·
	Full Name (Last, First, Middle Initial)			
).	·		· · · · · · · · · · · · · · · · · · ·	Date of Receipt
	Mailing Address			мм/ DD/, Y Y Y Y
	<u>Ch.</u>	Ctat-	Zin Code	
	City	State	Zip Code	· · ·
	FEC ID number of contributing		· - ·	
	federal political committee.	C		Amount of Each Receipt this Period
		·.	· · · .	
	Name of Employer	Occupation	n .	
		Election C	ycle-to-Date	
	Primary General			
	Other (specify)			
			······································	
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SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)				
ITEMIZED RECEIPTS	for each category of the					
TEMIZED RECEIPTS	Detailed Summary Page	12 13a 13b 14 1/15				
Any information copied from such Reports and State or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) MGH For Congress	FL-11	· · · ·				
Full Name (Last, First, Middle Initial)						
A		Date of Receipt				
Mailing Address		MAMA ( D + D ) ( Y + Y + Y + Y + Y				
City	State Zip Code					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period				
Name of Employer O	ccupation					
Receipt For.	ection Cycle-to-Date					
Primary General g	<del></del>					
Other (specify)						
Full Name (Last, First, Middle Initial)						
B	· · · · · ·	Date of Receipt				
Mailing Address	· · ·	MANT / BAST / YVYAYAY				
City	State Zip Code					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period				
Name of EmployerO	ccupation					
Receipt For:	ection Cycle-to-Date	4				
Primary General						
Other (specify)	<u> </u>					
Full Name (Last, First, Middle Initial)		Date of Receipt				
C. Mailing Address	· · · ·					
City	State Zip Code	- Santani barrad barratani				
FEC ID number of contributing		1				
federal political committee.		Amount of Each Receipt this Period				
Name of Employer Ot	ccupation					
Receipt For: El	ection Cycle-to-Date	1 .				
Primary General		· ·				
Other (specify)						
SUBTOTAL of Receipts This Page (optional)		0.0.0				
TOTAL This Period (last page this line number only)		0.00				

2016-07-06-03-00079503

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF         /           (check only one)         17         18         19a         19b           20a         20b         20c         21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) MGH FOR CONSTENS F	address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. UPS Horc Mailing Address 14391 Spring Hill Dr City State FL Purpose of Disburgement	Zip Code 34601	Date of Disbursement
Office Sought: House Disbursement For Senate Primary	L	
State:     District:       Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disbursement For	_	/
Senate Primary President Other (s State: District: Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Mailing Address		M M / D D / Y Y Y
City State Zi	p Code	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Senate Primary Other (s State: District:	General	,
SUBTOTAL of Disbursements This Page (optional)           TOTAL This Period (last page this line number only)	• • • • • • • • • • • • • • • • • • • •	, 10.19 , 10.19

2016-07-06-05-00079504

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s)			FOR LINE NUMBER: PAGE OF CONTRACT (check only one)				
		for each category		loncon	17	M 18		9a [	191
		Detailed Summar	y Page			206		0c	- 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		nay not be sold or a address of any poli	used by any tical commit	person f tee to so	or the pur	pose of s	oliciting	contribu	ntions
NAME OF COMMITTEE (In Full)								· .	
Matt For Co	ngress Fl	2 - 11							
Full Name (Last, First, Middle Ir	nitial)				ate of Dis	bursement			
la la						рр		Ϋ́	,
Mailing Address						·			
City	State	Zip Code		Ar	nount of	Each Disb	ursement	t this Po	eriod
Purpose of Disbursement					·	5 . <u>.</u> '	.,	•	
Candidate Name			Category Type	/					
Office Sought: House	Disbursement Fo	r.							
Senate	Primary	/ General							
Presider	nt Other (	specify)							
State: District: Full Name (Last, First, Middle In	aitiaN			<u> </u>					
	iniaij			D	ate of Dis	bursement	:		
Mailing Address	· · · · · · · · · · · · · · · · · · ·		· · ·		M M /	D D .	/ Y Y	Ϋ́Υ	•
City	State	Zip Code		A	mount of	Each Disb	ursement	t this Po	eriod
Purpose of Disbursement						į	ý.,		
Candidate Name			Category Type	1					
Office Sought: House	Disbursement Fo	r.		· _					
- Senate	Primary								
Presider	nt Other (	specify)							
State: District:									
Full Name (Last, First, Middle In	אנג <b>מו)</b>			Di	ate of Dis	bursement			
Mailing Address				'	A M 7	D D /	Y Y Y	Y Y	
City	State Z	ip Code		Ar	nount of I	Each Disb	ursement	this Po	eriod
Purpose of Disbursement	<u></u>	·			· · ·	••••	÷.	- 6	
Candidate Name			Category Type	1					
Office Sought: House Senate Presider State: District:	Disbursement Fo Primary other (s	_	туре						
	1,			<u> </u>				0	
SUBTOTAL of Disbursements Thi	s Page (optional)				. :	<b>,</b>	3	0,0 0,0	10
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TOTAL This Period (last page this	s line number only)					<b>)</b> .	<b>,</b>	~,(	<u> </u>

2016-07-06-08-00079505

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE       OF         (check only one)       17       18       19a       19b         20a       20b       20c       21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)	address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Mat For Congress F	=L-11	
Full Name (Last, First, Middle Initial) A.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		۲۰۰۰ - ۲۰۰۰ قراری در ۱۹۹۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰
Candidate Name	Category Type	/
Office Sought: House Disbursement For Senate Primary President Other (s	General	
State: District:		
В.		Date of Disbursement
Mailing Address		M M / D D / T T T T
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		<b>ż</b>
Candidate Name	Category Type	/
Office Sought: House Disbursement For Senate President Other (s	General	
State: District: Full Name (Last, First, Middle Initial)		
C		Date of Disbursement
Mailing Address		
City State Zi	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement	:	
Candidate Name	Category Type	/ .
Office Sought: House Disbursement For Senate President Other (s State: District:	General	
SUBTOTAL of Disbursements This Page (optional)		, 0.00 0.00
TOTAL This Period (last page this line number only)		, , 0,00

2016-07-06-0%-00079506

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         17         18         19a         19b           20a         20b         20c         21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and	hay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Matt For Congress F	=L-11	
Full Name (Last, First, Middle Initial) A.	· · ·	Date of Disbursement
Mailing Address	· · ·	
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		n de la companya de
Candidate Name	Category Type	
Office Sought: House Disbursement For Senate Primary President Other (s	General	
State: District:	<u> </u>	
В.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		.]
Candidate Name	Category Type	<b>,</b>
Office Sought: House Disbursement For Senate President Other (s	General	
State:District: Full Name (Last, First, Middle Initial)	····.	
С		Date of Disbursement
Mailing Address		
City State Zi	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	/
Office Sought: House Disbursement For Senate President Other (s State: District:	General	
SUBTOTAL of Disbursements This Page (optional)		, 0.00
TOTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	, 0.00 , , 0.00

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE     OF       (check only one)     17     18     19a     19k       17     18     20a     20b     20c     21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	hay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions
Math For Congress FL	11	
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		· · · · ·
Candidate Name	Category Type	/
Office Sought: House Disbursement For Senate Primary President Other (s	General	
State: District: Full Name (Last, First, Middle Initial)		
B		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		• • •
Candidate Name	Category Type	/
Office Sought: House Disbursement For Senate Primary President Other (s	General	· · ·
State: District: Full Name (Last, First, Middle Initial)		
C.		Date of Disbursement
Mailing Address		
City State Zi	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·	
Candidate Name	Category Type	/
Office Sought: House Disbursement For Senate Primary President Other (s	General	
SUBTOTAL of Disbursements This Page (optional)		, O,00 , <i>O</i> ,00
TOTAL This Period (last page this line number only)		, , <i>0</i> .00

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			r	FOR LINE NUMBER: PAGE   OF )
SCHEDULE B (FEC Form 3)		Use separate sche		(check only one)
ITEMIZED DISBURSEMENTS		for each category of the		17 <b>18</b> 19a 19b
		Detailed Summary		20a 20b 20c 21
Any information copi or for commercial pu	ed from such Reports and Statements murposes, other than using the name and	hay not be sold or us address of any politi	sed by any cal committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	ITTEE (In Full)	, , , ,		
Matt	For Congress Fi	C-11		·
	First, Middle Initial)			. Date of Disbursement
Α.				
Mailing Address				
City	State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbu	rsement			<b>j</b> j <b>k</b> · ,
Candidate Name	•		Category/ Type	,
Office Sought:	House Disbursement For			
	Senate Primary			
State:	District:	specity)		
	First, Middle Initial)	<u> </u>		
В.				Date of Disbursement
Mailing Address		· ·		— M M / D D / Y Y Y Y
City	State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbu	rsement			5 5 <b>*</b>
Candidate Name			Category/ Type	,
Office Sought:	House Disbursement For			
	Senate Primary			
State:	District:	specity)		
	First, Middle Initial)	·····		
С.	,,			Date of Disbursement
Mailing Address		·· · ·		N M / D D / Y Y Y
City	State Zi	ip Code	•• •	Amount of Each Disbursement this Period
Purpose of Disbu	rsement			
Candidate Name			Category/ Type	
Office Sought:	House Disbursement For	r.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	Senate Primary	General		· ·
	President Other (s	specify)		
State:	District:			
SUBTOTAL of Disb	ursements This Page (optional)			, , O,0 0
TOTAL THE DAY				$O \cap O$
TOTAL This Period	(last page this line number only)			<u> </u>

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE     OF       (check only one)     17     18     19a     19b       20a     20b     20c     21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)	address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Matt For Congress F	-2-12	
Full Name (Last, First, Middle Initial) A.		Date of Disbursement
Mailing Address	· · · · · · · · · · · · · · · · · · ·	
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	· · ·	· · · · · ·
	Categor Type	ry/
Office Sought: House Disbursement For Senate President Other (s	General	· · ·
State: District: Full Name (Last, First, Middle Initial)		·····
B.	· .	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, <b>, , , , ,</b>
Candidate Name	Categor Type	y/
Office Sought: House Disbursement For Senate Primary President Other (s	General	
State: District: Full Name (Last, First, Middle Initial)	<u></u>	······································
C. /		Date of Disbursement
Mailing Address		• • • • •
-	ip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		3
Candidate Name	Categor Type	y/
Office Sought: House Disbursement For Senate Primary President Other (s	General	
SUBTOTAL of Disbursements This Page (optional)		, 0,00
TOTAL This Period (last page this line number only)		

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SCHEDULE B (FEC Form 3)		U	Use separate schedule(s)		FOR LINE NUMBER: PAGE OF ) (check only one)
IT	EMIZED DISBURSEMENTS	fo	for each category of the Detailed Summary Page		17 18 19a 19b 20a 20b 20c 21
Ai	ny information copied from such Reports and State for commercial purposes, other than using the na	person for the purpose of soliciting contributions			
$\left[ \right]$		1	11		
Z	Mat For Congres.	, F(			
A.	Full Name (Last, First, Middle Initial)				
	Mailing Address		_,,	· ·	
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			T	The second secon
	Candidate Name	· · · · · · · · · · · · · · · · · · ·		Category/ Type	21
	Office Sought: House Disburse Senate	ment For: Primary	General		
	President	Other (speci			
. —	State:         District:           Full Name (Last, First, Middle Initial)		<u></u>		····
В.			۰. ۱		Date of Disbursement
	Mailing Address		<u>.                                    </u>		
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
	Candidate Name	<u>.</u> ,		Category/ Type	8
	Office Sought: House Disburse Senate President	ment For: Primary Other (apon	General	······	
•.	State: District:	Other (spec	iiy)		
	Full Name (Last, First, Middle Initial)		· · · · ·		
C.					
	Mailing Address				
	City State	e Zip C	ode		Amount of Each Disbursement this Period
	Purpose of Disbursement				
	Candidate Name				
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		
·	State: District:	· ····	•		
5	UBTOTAL of Disbursements This Page (optional).				<u>, 0,0,0</u>
1	OTAL This Period (last page this line number only	)			0.0.0

2016-07-06-01-00079511

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SCHEDULE C	(FEC	Form	3)
LOANS			

	CHEDULE C (FEC Form 3) DANS	Use separate schedule(s) for each category of the Detailed Summary Page
N	ME OF COMMITTEE (In Full) Matt For Congress FL-11	
	LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address	
	City State ZIP Cod	e
,	Original Amount of Loan Cumulative Payment To I	Date Balanc
	TERMS     Date Incurred     Date Due       M     M     D     J     Y     Y     M     M     J     D     J     Y	Interest Rate
	List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer

and the second	Cumulative Payment To	U Date	Balance O	·	
	,	<b>9</b> - •		7	<b>;</b> *
Date Incurred	Date Due	e Interest	Rate		Secured:
M M / D D / Y Y Y Y	<u>м м / р р / ү</u>	· <b>Y</b> · <b>Y</b> · <b>Y</b>			
			•	% (apr)	Yes
List All Endorsers or Guarantors (if an					
I. Full Name (Last, First, Middle Initial)		Name of Employer		·	
Mailing Address	· · ·	Occupation			
		Amount			· · · · · · · · · · · · · · · · · · ·
City State	e ZIP Code	Guaranteed Outstanding:	۰,	· •	•
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			······································
		Amount			
City State	e ZIP Code	Guaranteed Outstanding:	· • ·	3.	
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			<u> </u>
		Amount			
City State	e ZIP Code	Guaranteed Outstanding:	· ,		•
4. Full Name (Last, First, Middle Initial)		Name of Employer		<u> </u>	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Occupation			
		Amount			
		Amount	·		A

FE5AN018

PAGE

FOR LINE NUMBER:

(check only one)

Other (specify)

Election: Primary General OF ł

🗸 13a

13b

	PAGE OF		
SCHEDULE C (FEC Form 3)	Use separate schedule(s) FOR LINE NUMBER:		
LOANS	for each category of the (check only one) 13a		
LUANS	Detailed Summary Page		
$M$ $M$ $\Gamma$ $\Lambda$			
Matt For Congress FL-21			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
	Primary		
	General General		
Mailing Address	Cther (specify) ▼		
City State ZIP Co	ode		
· ·			
Original Amount of Loan Cumulative Payment To			
La manufacture la manufacture la manufacture la manufacture de la	<u>and have and the second secon</u>		
TERMS			
Date Incurred Date Due	Interest Rate Secured:		
MAM ( D, D ) ( A, A, A, A, M, W, W, M, V, D, A,			
-   Leased Leased Leased Leased Leased Leased Leased	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		
. [	Amount		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount generation of the second secon		
City State ZIP Code	Guaranteed		
	Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address			
	Occupation		
	Amount g		
City State ZIP Code	Guaranteed		
	Outstanding:		
SUBTOTALS This Period This Page (optional)	0.0 0		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	f no Schedule D, carry forward to appropriate line of Summary.		
FE5AN018	FEC Schedule C (Form 3) (Revised 02/2003)		

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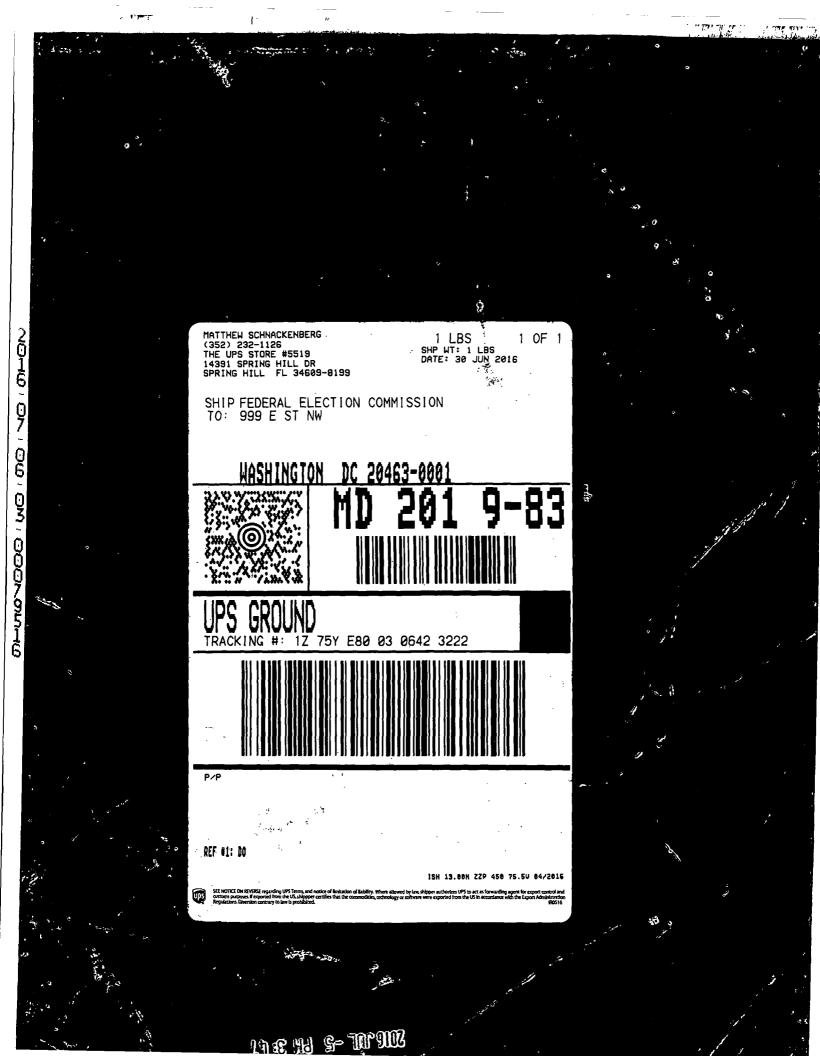
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S	CHEDULE D (FEC Form 3)	·	(Use sep		PAGE OF
D	EBTS AND OBLIGATIONS		schedu for ea		FOR LINE NUMBER: (check only one)
	cluding Loans		numbered		(check only one) 9 10
	AME OF COMMITTEE (In Full)		- <b>L</b>		······································
	Matt For Congress Fl				
	A. Full Name (Last, First, Middle Initial) of Debto		Nati	ure of D	ebt (Purpose):
	Mailing Address				
	City State	Zip Code			· .
	Outstanding Balance Beginning This Period	· ·			
•					
	Amount Incurred This Period	Payment This Period	0	utetandir	ng Balance at Close of This Period
	B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nat	ure of D	ebt (Purpose):
	Mailing Address				
	Mailing Address				
•	City State	Zip Code			, , , , , , , , , , , , , , , , , , ,
	Outstanding Balance Beginning This Period		,,,		
					-
		· · ·			
	Amount Incurred This Period	Payment This Period	0		ng Balance at Close of This Period
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			Sectored IS	- C- C-	
	C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nat	ure of D	ebt (Purpose):
					· · · ·
		·			
	Mailing Address				
	City	State Zip Code			·.
	Outstanding Balance Beginning This Period				· · ·
			· ·		
	Amount Incurred This Period	Payment This Period		utstandir	ng Balance at Close of This Period
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.   1	) SUBTOTALS This Period This Page (optional)		🕨 [	<u></u>	<u> </u>
	i	······································		- V	0.0
2	) TOTALS This Period (last page this line number	only)		-	
3	) TOTAL OUTSTANDING LOANS from Schedule	C flast page only)			000
			F		
4	) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page c	onty) 🕨 🚶		0.00

2016-07-06-03-00079544

SCHEDULE D (FEC Form 3)	(Use separate		
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMB (check only one)	
Excluding Loans	numbered line)		V 10
NAME OF COMMITTEE (In Full)			
Matt For Congress FL-11			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
	1		
Mailing Address		•	
City State Zip Code			
	I		
Outstanding Balance Beginning This Period			
		·	
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Clos	e of This Period
			·
•	• •	<b>3 3</b>	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
Mailing Address	{		
City State Zip Code			
· · · · · · · · · · · · · · · · · · ·			
Outstanding Balance Beginning This Period			•
· · · · · · · · · · · · · · · · · · ·			
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Clos	e of This Period
•			
na an a	· · · · · · · · · · · · · · · · · · ·	3 3	•
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
Mailing Address			
City State Zip Code			
	l		
Outstanding Balance Beginning This Period			
s . s	•		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Clos	e of This Period
		•	-
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1) SUBTOTALS This Period This Page (optional)	•	, ,	0.00
2) TOTALS This Period (last page this line number only)	•		0,00
		5 3	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	►	3 . 3.	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page o			0.00
Lange and by and carry forward to appropriate line of Summary Page (last page o	nny) =	<b>5</b>	

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): UPS Grow	Shipping Date
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Rec	eipt or Postmarked
	7/6/16
PREPÅRER (3/2015)	DATE PREPARED

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