

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Lake Ray for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	14530.00	125801.64
(b) Total Contribution Refunds (from Line 20(d))	250.00	750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14280.00	125051.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	82248.94	232216.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	738.00	738.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81510.94	231478.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1572.71	
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).....	118790.01	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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

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

Write or Type Committee Name
Lake Ray for Congress

Report Covering the Period: From: 08 / 11 / 2016 To: 09 / 30 / 2016

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 08 / 30 / 2016 (date of general election)	COLUMN C Total for 08 / 31 / 2016 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
9750.00	102510.64	0.00
(ii) Unitemized		
2280.00	8591.00	0.00
(iii) Total of contributions from individuals		
12030.00	111101.64	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
500.00	12500.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
2000.00	2200.00	2000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
14530.00	125801.64	2000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	108000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	108000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
738.00	738.00	738.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
15268.00	234539.64	2738.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 69

Write or Type Committee Name

Lake Ray for Congress

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

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="82248.94"/>	<input type="text" value="232216.93"/>	<input type="text" value="11623.74"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="250.00"/>	<input type="text" value="750.00"/>	<input type="text" value="250.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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

0.00	0.00	0.00
------	------	------

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

250.00	750.00	250.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

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

82498.94	232966.93	11873.74
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

14280.00	125051.64	1750.00
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IV. NET OPERATING EXPENDITURES

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

81510.94	231478.93	10885.74
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	68803.65
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	15268.00
25. SUBTOTAL (add Line 23 and Line 24).....	84071.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	82498.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1572.71

**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 69
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial)
REGISTER GENERAL CONTRACTOR, LLC
 Mailing Address 3849 SANDY SHORE DR.
 City JACKSONVILLE State FL Zip Code 32277-1369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : SA11A.195
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
REGISTER, DOUG, , ,
 Mailing Address 3849 SANDY SHORE DR.
 City JACKSONVILLE State FL Zip Code 32277-1369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
REGISTER GENERAL CONTRACTOR, LLC OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : SA11A.196
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
GOMEZ, FAUSTO, , ,
 Mailing Address 765 CRANDON BLVD
 City KEY BISCAYNE State FL Zip Code 33149-2566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
GOMEZ BARKER ASSOCIATES, INC. PUBLIC AFFAIRS
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2016
Transaction ID : SA11A.197
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 69
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial)
MONS, CHRIS, , ,

Mailing Address 2236 BAREFOOT TRCE

City ATLANTIC BEACH State FL Zip Code 32233-4564

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

Name of Employer ST JOHNS BAR PILOT ASSOC. Occupation HARBOR PILOT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2016

Transaction ID : SA11A.198

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCGILL, TIMOTHY, , ,

Mailing Address 2338 FIDDLERS LANE

City ATLANTIC BEACH State FL Zip Code 32233-4681

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

Name of Employer ST. JOHNS BAR PILOTS ASSOCIATION Occupation HARBOR PILOT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 16 / 2016

Transaction ID : SA11A.202

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 4623 FOREST HILL BLVD, SUITE 113

City WEST PALM BEACH State FL Zip Code 33415-9121

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

Name of Employer HIGGINS ENGINEERING Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.218

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 69
(check only one)
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial)
CESERY JR., WILLIAM, , ,

Mailing Address 1450-3 SAN MARCO BLVD

City JACKSONVILLE State FL Zip Code 32207-8551

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

Name of Employer CESERY COMPANY Occupation PROPERTY DEVELOPERS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 18 2016

Transaction ID : SA11A.216

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRANK, CHRISTOPHER, , ,

Mailing Address 6129 BARTRAM VILLAGE DR

City JACKSONVILLE State FL Zip Code 32258-7711

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

Name of Employer STATE FARM Occupation INSURANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2016

Transaction ID : SA11A.207

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

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

Mailing Address 8051 TARA LANE

City JACKSONVILLE State FL Zip Code 32216-3019

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2016

Transaction ID : SA11A.211

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 69
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Lake Ray for Congress

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

Mailing Address 1757 BISHOP ESTATES RD

City SAINT JOHNS State FL Zip Code 32259-4207

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 ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2016

Transaction ID : SA11A.212

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DIPERNA, TERENCE, , ,

Mailing Address 32499 FOX DEN LN

City CALLAHAN State FL Zip Code 32011-6308

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 ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016

Transaction ID : SA11A.225

Amount of Each Receipt this Period
 _____ 300.00

Memo Item
CONTRIBUTION

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

Mailing Address 1774 HOLLY FLOWER LANE

City FLEMING ISLAND State FL Zip Code 32003-7094

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

Name of Employer VIA CONSULTING SERVICES, INC. Occupation PROFESSIONAL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016

Transaction ID : SA11A.228

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 69
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial)
BUTLER, JASON, , ,
 Mailing Address 12360 CACHET DR
 City JACKSONVILLE State FL Zip Code 32223-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TJSR ENTERPRISES Occupation PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2016
Transaction ID : SA11A.223
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CRAFTON, SAUL, , ,
 Mailing Address 10294 BEAR VALLEY RD
 City JACKSONVILLE State FL Zip Code 32257-5934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SLATE AND ASSOCIATES Occupation ATTORNEY
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2016
Transaction ID : SA11A.229
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FERRIN, FREDERICK, , ,
 Mailing Address 1322 OCEAN BLVD
 City ATLANTIC BEACH State FL Zip Code 32233-5744
 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 ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2016
Transaction ID : SA11A.222
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial)
LITTLEJOHN, JEFFREY, , ,

Mailing Address 310 W. COLLEGE AVE

City TALLAHASSEE State FL Zip Code 32301-1406

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

Name of Employer LITTLEJOHN MANN Occupation GOVT. RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
08 / 25 / 2016

Transaction ID : SA11A.233

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WATSON, HUBERT, , ,

Mailing Address 9917 MARGATE HILLS ROAD

City JACKSONVILLE State FL Zip Code 32256-1470

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

Name of Employer WATSON & CO. Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
08 / 25 / 2016

Transaction ID : SA11A.230

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

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

Mailing Address 4961 MAYBANK WAY

City JACKSONVILLE State FL Zip Code 32225-1055

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

Name of Employer AES Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
08 / 29 / 2016

Transaction ID : SA11A.237

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial)
DIAMOND D CATTLE, LLC

Mailing Address 5903-1 SOLOMON ROAD

City JACKSONVILLE State FL Zip Code 32234-2827

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2016

Transaction ID : SA11A.238

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION
 REFUNDED 9/16/16

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	_____ 250.00
TOTAL This Period (last page this line number only).....▶	_____ 9750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 14 OF 69	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial)
HANSON PROFESSIONAL SERVICES INC. PAC

Mailing Address 1525 S. 6TH STREET

City SPRINGFIELD	State IL	Zip Code 62703-2801
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00406124

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2016

Transaction ID : SA11C.213

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
 CONTRIBUTION

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	_____ 500.00
TOTAL This Period (last page this line number only).....▶	_____ 500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 16 OF 69	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial)
NATIONBUILDER

Mailing Address **520 S GRAND AVE**
2ND FLR

City LOS ANGELES	State CA	Zip Code 90071
----------------------------	--------------------	--------------------------

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
 / /

Transaction ID : SA14.001

Amount of Each Receipt this Period

Memo Item
REFUND - WEB SERVICE

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

Mailing Address **520 S GRAND AVE**
2ND FLR

City LOS ANGELES	State CA	Zip Code 90071
----------------------------	--------------------	--------------------------

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
 / /

Transaction ID : SA14.002

Amount of Each Receipt this Period

Memo Item
REFUND - WEB SERVICE

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="738.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="738.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. SHAD, ISAAC, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235			
Purpose of Disbursement CANVASSING			Transaction ID : SB17047		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DANWAL INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016		
Mailing Address 12404 STATE HIGHWAY 155 S			FEC Identification Number C		
City TYLER	State TX	Zip Code 75703			
Purpose of Disbursement PRINTING			Transaction ID : SB17028		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. JACKSONVILLE ZOO			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016		
Mailing Address 370 ZOO PKWY			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32218			
Purpose of Disbursement FOOD/BEVERAGE			Transaction ID : SB17048		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2070.28
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. US POSTMASTER			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016		
Mailing Address 7707 MERRILL RD					
City JACKSONVILLE	State FL	Zip Code 32277	FEC Identification Number C		
Purpose of Disbursement POSTAGE			Amount of Each Disbursement this Period 12102.37		
Candidate Name			Transaction ID : SB17112		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. WJXT			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016		
Mailing Address 4 BROADCAST PLACE					
City JACKSONVILLE	State FL	Zip Code 32207	FEC Identification Number C		
Purpose of Disbursement MEDIA			Amount of Each Disbursement this Period 12320.00		
Candidate Name			Transaction ID : SB17135		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) C. WJXT			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016		
Mailing Address 4 BROADCAST PLACE					
City JACKSONVILLE	State FL	Zip Code 32207	FEC Identification Number C		
Purpose of Disbursement MEDIA			Amount of Each Disbursement this Period 600.00		
Candidate Name			Transaction ID : SB17136		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

SUBTOTAL of Disbursements This Page (optional).....▶	25022.37
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. ARBYS		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address 114 WARD ST		FEC Identification Number C
City SALISBURY	State MD	Zip Code 21804
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 28.81
Candidate Name	Category/Type	Transaction ID : SB17006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BURGER KING		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address 5505 BLUE LAGOON DRIVE		FEC Identification Number C
City MIAMI	State FL	Zip Code 33126
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 16.78
Candidate Name	Category/Type	Transaction ID : SB17011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CITGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address P.O. BOX 4689		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77210
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 2.56
Candidate Name	Category/Type	Transaction ID : SB17020
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	48.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. LONGHORN STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016	
Mailing Address 4401 ROOSEVELT BLVD			FEC Identification Number C	
City JACKSONVILLE	State FL	Zip Code 32210	Amount of Each Disbursement this Period 132.55	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17059	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BOYCE, EVAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address P.O. BOX 352069			FEC Identification Number C	
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 231.59	
Purpose of Disbursement TRAVEL/STAMPS		Category/ Type	Transaction ID : SB17033	
Candidate Name		<input type="checkbox"/> Memo Item NO ITEMIZATION NECESSARY		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CAPTAIN D'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address 7916 ATLANTIC BLVD			FEC Identification Number C	
City JACKSONVILLE	State FL	Zip Code 32211	Amount of Each Disbursement this Period 16.89	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17013	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	381.03
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. CVS			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address 8325 BAYMEADOWS RD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32256	Amount of Each Disbursement this Period 48.21		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17024		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. CVS			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address 8325 BAYMEADOWS RD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32256	Amount of Each Disbursement this Period 5.22		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17025		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ECANVASSER			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address FLOOR 3 LAWLEY HOUSE, MONAHAN RD			FEC Identification Number C		
City CORK CITY	State IR	Zip Code	Amount of Each Disbursement this Period 149.99		
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type	Transaction ID : SB17030		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	203.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. GATE			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address 9144 BAYMEADOWS RD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32256	Amount of Each Disbursement this Period 41.01		
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : SB17038		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. LA NOPALERA			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address 14333 BEACH BLVD			FEC Identification Number C		
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Amount of Each Disbursement this Period 152.11		
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Transaction ID : SB17052		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MCDONALD'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address 1 MCDONALD'S PLAZA			FEC Identification Number C		
City OAK BROOK	State IL	Zip Code 60523	Amount of Each Disbursement this Period 6.95		
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Transaction ID : SB17062		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	200.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. MCDONALD'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address 1 MCDONALD'S PLAZA			FEC Identification Number C		
City OAK BROOK	State IL	Zip Code 60523	Amount of Each Disbursement this Period 10.26		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17063		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address P.O. BOX 2463			FEC Identification Number C		
City HOUSTON	State TX	Zip Code 77252	Amount of Each Disbursement this Period 7.70		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17094		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address P.O. BOX 2463			FEC Identification Number C		
City HOUSTON	State TX	Zip Code 77252	Amount of Each Disbursement this Period 43.92		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17095		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	61.88
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. STEAK-N-SHAKE		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 9560 REGENCY SQUARE BLVD N		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32225
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 12.48	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17104
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WAL-MART STORES, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 702 S.W. 8TH STREET		FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 141.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17120
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WENDY'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 1 DAVE THOMAS BLVD		FEC Identification Number C
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 19.43	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17129
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	172.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. WOK-N-ROLL		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 1821 PARENTAL HOME RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32216
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 17.55	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17137	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ZAXBY'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 9575 N REGENCY SQUARE BLVD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32225
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 29.32	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17141	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DUNCAN, NEIL, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address P.O. BOX 352069		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32235
Purpose of Disbursement CANVASSING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 348.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17076	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	394.87
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. HALL, NOAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 286.00		
Purpose of Disbursement CANVASSING		Category/ Type	Transaction ID : SB17078		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HALL, NOAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 116.41		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17079		
Candidate Name		<input type="checkbox"/> Memo Item NO ITEMIZATION NECESSARY			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MASON, KERI, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016		
Mailing Address 110 SAN ANTONIO STREET, #1213			FEC Identification Number C		
City AUSTIN	State TX	Zip Code 78701	Amount of Each Disbursement this Period 3413.50		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17051		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3815.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. MCMILLON, CHARLES, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016		
Mailing Address P.O. BOX 352069					
City JACKSONVILLE	State FL	Zip Code 32235	FEC Identification Number C		
Purpose of Disbursement CANVASSING			Amount of Each Disbursement this Period 1299.00		
Candidate Name			Transaction ID : SB17014		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016		
Mailing Address P.O. BOX 84314					
City BATON ROUGE	State LA	Zip Code 70884	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEE			Amount of Each Disbursement this Period 115.50		
Candidate Name			Transaction ID : SB17002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. GATE			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016		
Mailing Address 9144 BAYMEADOWS RD					
City JACKSONVILLE	State FL	Zip Code 32256	FEC Identification Number C		
Purpose of Disbursement TRAVEL			Amount of Each Disbursement this Period 1.59		
Candidate Name			Transaction ID : SB17039		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1416.09
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 1 MCDONALD'S PLAZA		FEC Identification Number C
City OAK BROOK	State IL	Zip Code 60523
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 8.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17064
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MILLERS ALE HOUSE		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 3238 HODGES BLVD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32224
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 38.42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17071
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RADIOSHACK CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 300 RADIO SHACK CIR		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76102
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 154.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17092
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	201.21
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 69			
	<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)
Lake Ray for Congress

A. WALGREENS

Full Name (Last, First, Middle Initial)
Mailing Address 36 S WABASH AVE

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 163.24

Transaction ID : SB17118

Memo Item

B. ZAXBY'S

Full Name (Last, First, Middle Initial)
Mailing Address 9575 N REGENCY SQUARE BLVD

City JACKSONVILLE State FL Zip Code 32225

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 21.72

Transaction ID : SB17142

Memo Item

C. CHICK-FIL-A

Full Name (Last, First, Middle Initial)
Mailing Address 5200 BUFFINGTON ROAD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 35.00

Transaction ID : SB17018

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 219.96

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. DOMINO'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016		
Mailing Address 7020 BEACH BLVD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32216	Amount of Each Disbursement this Period 73.70		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17029		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. GATE			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016		
Mailing Address 9144 BAYMEADOWS RD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32256	Amount of Each Disbursement this Period 12.15		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17040		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. INTUIT			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016		
Mailing Address 2700 COAST AVE.			FEC Identification Number C		
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 18.00		
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type	Transaction ID : SB17045		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	103.85
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016
Mailing Address 5858 ATLANTIC BLVD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32207
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 95.70	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17086
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SPEEDWAY		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016
Mailing Address P.O. BOX 1500		FEC Identification Number C
City SPRINGFIELD	State OH	Zip Code 45501
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 7.68	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17100
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BP		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016
Mailing Address 7961 ARLINGTON EXPRESSWAY		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32211
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 10.93	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17009
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	114.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. CVS		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016
Mailing Address 8325 BAYMEADOWS RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32256
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 33.67	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17026	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016
Mailing Address 1 MCDONALD'S PLAZA		FEC Identification Number C
City OAK BROOK	State IL	Zip Code 60523
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 15.57	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17065	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016
Mailing Address 520 S GRAND AVE, 2ND FLR		FEC Identification Number C
City LOS ANGELES	State CA	Zip Code 90071
Purpose of Disbursement WEB SERVICE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 419.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17074	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	468.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. STARBUCKS			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016		
Mailing Address 2401 UTAH AVE S			FEC Identification Number C		
City SEATTLE	State WA	Zip Code 98134	Amount of Each Disbursement this Period 17.17		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17101		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HERRERA, LEVI, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016		
Mailing Address PO BOX 155			FEC Identification Number C		
City LINDALE	State TX	Zip Code 75771	Amount of Each Disbursement this Period 630.00		
Purpose of Disbursement MEDIA CONSULTING		Category/ Type	Transaction ID : SB17054		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. HERRERA, LOGAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 1227.00		
Purpose of Disbursement CANVASSING/INTERN STIPEND		Category/ Type	Transaction ID : SB17055		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1874.17
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. ARBYS		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016
Mailing Address 114 WARD ST		FEC Identification Number C
City SALISBURY	State MD	Zip Code 21804
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 15.70
Candidate Name	Category/ Type	Transaction ID : SB17007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CRACKER BARREL		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016
Mailing Address 4680 LENOIR AVENUE		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32216
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 101.73
Candidate Name	Category/ Type	Transaction ID : SB17023
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MILLERS ALE HOUSE		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016
Mailing Address 3238 HODGES BLVD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32224
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 29.38
Candidate Name	Category/ Type	Transaction ID : SB17072
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	146.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. POLLO TROPICAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016
Mailing Address 7300 NORTH KENDALL DRIVE		FEC Identification Number C
City MIAMI	State FL	Zip Code 33156
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4.69	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17083
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016
Mailing Address 2401 UTAH AVE S		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98134
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 17.07	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17102
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. US POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016
Mailing Address 7707 MERRILL RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32277
Purpose of Disbursement POSTAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 5862.84	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17113
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5884.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. US POSTMASTER			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016		
Mailing Address 7707 MERRILL RD					
City JACKSONVILLE	State FL	Zip Code 32277	FEC Identification Number C		
Purpose of Disbursement POSTAGE			Amount of Each Disbursement this Period 3201.84		
Candidate Name			Transaction ID : SB17114		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. US POSTMASTER			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016		
Mailing Address 7707 MERRILL RD					
City JACKSONVILLE	State FL	Zip Code 32277	FEC Identification Number C		
Purpose of Disbursement POSTAGE			Amount of Each Disbursement this Period 2431.74		
Candidate Name			Transaction ID : SB17115		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) C. MAMMOTH MARKETING GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2016		
Mailing Address 905 NUECES ST					
City AUSTIN	State TX	Zip Code 78701	FEC Identification Number C		
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			Amount of Each Disbursement this Period 8491.18		
Candidate Name			Transaction ID : SB17060		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

SUBTOTAL of Disbursements This Page (optional).....▶	14124.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. HALL, NOAH, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address P.O. BOX 352069		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32235
Purpose of Disbursement TRAVEL/FOOD/BEVERAGE		Amount of Each Disbursement this Period 244.10
Candidate Name		Transaction ID : SB17080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item NO ITEMIZATION NECESSARY
State: District:		

Full Name (Last, First, Middle Initial) B. HERRERA, LOGAN, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address P.O. BOX 352069		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32235
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 35.75
Candidate Name		Transaction ID : SB17056
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item NO ITEMIZATION NECESSARY
State: District:		

Full Name (Last, First, Middle Initial) C. MCMILLON, CHARLES, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address P.O. BOX 352069		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32235
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 90.87
Candidate Name		Transaction ID : SB17015
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item NO ITEMIZATION NECESSARY
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	370.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. MCMILLON, CHARLES, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 157.17		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17016		
Candidate Name		<input type="checkbox"/> Memo Item NO ITEMIZATION NECESSARY			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. SALAS, PETER, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 1370.00		
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17082		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BURGER KING			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016		
Mailing Address 5505 BLUE LAGOON DRIVE			FEC Identification Number C		
City MIAMI	State FL	Zip Code 33126	Amount of Each Disbursement this Period 11.00		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17012		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1538.17
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 158 A1A N		FEC Identification Number C
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 36.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17035
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LAZ PARKING		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 520 W FORSYTH ST		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32202
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17053
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NAPOLI'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 3787 PALM VALLEY RD		FEC Identification Number C
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 231.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17073
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	272.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. PUBLIX			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016		
Mailing Address 5858 ATLANTIC BLVD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32207	Amount of Each Disbursement this Period 8.97		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17087		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. RACEWAY			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016		
Mailing Address 462569 FL-200			FEC Identification Number C		
City YULEE	State FL	Zip Code 32097	Amount of Each Disbursement this Period 9.56		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17090		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016		
Mailing Address P.O. BOX 2463			FEC Identification Number C		
City HOUSTON	State TX	Zip Code 77252	Amount of Each Disbursement this Period 46.55		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17096		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	65.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address P.O. BOX 2463		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77252
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 7.07	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17097
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. THE FIRST COAST TIGER BAY CLUB INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address P.O. BOX 2608		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32203
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17107
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TIJUANA FLATS		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 9942 OLD BAYMEADOWS RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32256
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 9.06	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17109
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	41.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. TIJUANA FLATS		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 9942 OLD BAYMEADOWS RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32256
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17110	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WAL-MART STORES, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 702 S.W. 8TH STREET		FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 97.79	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17121	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WALGREENS		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 36 S WABASH AVE		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60603
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 11.79	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17119	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	134.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. WENDY'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 1 DAVE THOMAS BLVD		FEC Identification Number C
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 8.10
Candidate Name		Transaction ID : SB17130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WENDY'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 1 DAVE THOMAS BLVD		FEC Identification Number C
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 11.33
Candidate Name		Transaction ID : SB17131
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WOODYS BAR B Q		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 226 SOLANA RD		FEC Identification Number C
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 67.93
Candidate Name		Transaction ID : SB17139
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	87.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. YING'S TAKEE OUTEE			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016	
Mailing Address 5507 UNIVERSITY BLVD W			FEC Identification Number C	
City JACKSONVILLE	State FL	Zip Code 32216	Amount of Each Disbursement this Period 22.11	
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Transaction ID : SB17140	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ZAXBY'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016	
Mailing Address 9575 N REGENCY SQUARE BLVD			FEC Identification Number C	
City JACKSONVILLE	State FL	Zip Code 32225	Amount of Each Disbursement this Period 7.80	
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Transaction ID : SB17143	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. A1A DISCOUNT FOODS			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 855 ANASTASIA BLVD			FEC Identification Number C	
City ST AUGUSTINE	State FL	Zip Code 32080	Amount of Each Disbursement this Period 31.86	
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Transaction ID : SB17001	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	61.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address P.O. BOX 84314		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period 41.97
Candidate Name		Transaction ID : SB17003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CORNER BAKERY		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 192 RIVERSIDE AVENUE		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32202
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 8.32
Candidate Name		Transaction ID : SB17022
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. POP-A-LOCK		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 5862 MORSE AVE		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32244
Purpose of Disbursement EQUIPMENT MAINTENANCE		Amount of Each Disbursement this Period 65.95
Candidate Name		Transaction ID : SB17084
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	116.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. WOK-N-ROLL		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 1821 PARENTAL HOME RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32216
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 31.16	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17138
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PRA, GWENDOLYN, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016
Mailing Address P.O. BOX 352069		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32235
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 45.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17044
State: District:	<input type="checkbox"/> Memo Item NO ITEMIZATION NECESSARY	

Full Name (Last, First, Middle Initial) C. GATE		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016
Mailing Address 9144 BAYMEADOWS RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32256
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 24.73	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17041
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	101.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. KANGAROO EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016		
Mailing Address 1115 A1A BEACH BLVD			FEC Identification Number C		
City ST. AUGUSTINE	State FL	Zip Code 32080	Amount of Each Disbursement this Period 13.88		
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : SB17050		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MARATHON			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016		
Mailing Address 462544 STATE RTE 200			FEC Identification Number C		
City YULEE	State FL	Zip Code 32097	Amount of Each Disbursement this Period 18.50		
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : SB17061		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MCDONALD'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016		
Mailing Address 1 MCDONALD'S PLAZA			FEC Identification Number C		
City OAK BROOK	State IL	Zip Code 60523	Amount of Each Disbursement this Period 17.70		
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Transaction ID : SB17066		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	50.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. TACO BELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016
Mailing Address 1 GLEN BELL WAY		FEC Identification Number C
City IRVINE	State CA	Zip Code 92618
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 29.49
Candidate Name	Category/ Type	Transaction ID : SB17105
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UNIVERSITY DINER		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016
Mailing Address 5959 MERRILL RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32277
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 44.28
Candidate Name	Category/ Type	Transaction ID : SB17111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BOYCE, EVAN, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016
Mailing Address P.O. BOX 352069		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32235
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 55.66
Candidate Name	Category/ Type	Transaction ID : SB17034
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		NO ITEMIZATION NECESSARY

SUBTOTAL of Disbursements This Page (optional).....▶	129.43
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. EUROPEAN STREET CAFE			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016		
Mailing Address 5500 BEACH BLVD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32207	Amount of Each Disbursement this Period 28.17		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17032		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016		
Mailing Address P.O. BOX 2463			FEC Identification Number C		
City HOUSTON	State TX	Zip Code 77252	Amount of Each Disbursement this Period 20.19		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17098		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. US POSTMASTER			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016		
Mailing Address 7707 MERRILL RD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32277	Amount of Each Disbursement this Period 5071.63		
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17116		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5119.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. US POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016
Mailing Address 7707 MERRILL RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32277
Purpose of Disbursement POSTAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 5101.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17117	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WAL-MART STORES, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016
Mailing Address 702 S.W. 8TH STREET		FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 17.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17122	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WENDY'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016
Mailing Address 1 DAVE THOMAS BLVD		FEC Identification Number C
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 35.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17132	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5154.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016	
Mailing Address P.O. BOX 84314			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70884	Amount of Each Disbursement this Period 181.42	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17004	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. MCDONALD'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016	
Mailing Address 1 MCDONALD'S PLAZA			FEC Identification Number C	
City OAK BROOK	State IL	Zip Code 60523	Amount of Each Disbursement this Period 19.78	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17067	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. POPEYE'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016	
Mailing Address 4108 S UNIVERSITY BLVD			FEC Identification Number C	
City JACKSONVILLE	State FL	Zip Code 32216	Amount of Each Disbursement this Period 28.88	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17085	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	230.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. ROSY'S MEXICAN		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016
Mailing Address 4268 OLDFIELD CROSSING DR #107		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32223
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 181.38	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17093
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TEXACO		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016
Mailing Address 11307 N MAIN ST		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32218
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 13.02	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17106
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WENDY'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016
Mailing Address 1 DAVE THOMAS BLVD		FEC Identification Number C
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 12.82	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17133
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	207.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. WENDY'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016		
Mailing Address 1 DAVE THOMAS BLVD			FEC Identification Number C		
City DUBLIN	State OH	Zip Code 43017	Amount of Each Disbursement this Period 20.41		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17134		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. JIMMY JOHN'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016		
Mailing Address 2212 FOX DR.			FEC Identification Number C		
City CHAMPAIGN	State IL	Zip Code 61820	Amount of Each Disbursement this Period 99.73		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17049		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MCDONALD'S			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016		
Mailing Address 1 MCDONALD'S PLAZA			FEC Identification Number C		
City OAK BROOK	State IL	Zip Code 60523	Amount of Each Disbursement this Period 12.06		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17068		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	132.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016
Mailing Address 1 MCDONALD'S PLAZA		FEC Identification Number C
City OAK BROOK	State IL	Zip Code 60523
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 14.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17069
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK NA		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016
Mailing Address 420 MONTGOMERY STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 14.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17127
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ZAXBY'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016
Mailing Address 9575 N REGENCY SQUARE BLVD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32225
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 29.57	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17144
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	57.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address P.O. BOX 84314			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70884	Amount of Each Disbursement this Period 10.05	
Purpose of Disbursement CREDIT CARD PROCESSING FEE			Transaction ID : SB17005	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. DAIRY QUEEN			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 100 SAN MARCO AVE			FEC Identification Number C	
City ST AUGUSTINE	State FL	Zip Code 32084	Amount of Each Disbursement this Period 5.75	
Purpose of Disbursement FOOD/BEVERAGE			Transaction ID : SB17027	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 1 HACKER WAY			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94205	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement WEB SERVICE			Transaction ID : SB17036	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	45.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016
Mailing Address 1 HACKER WAY		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94205
Purpose of Disbursement WEB SERVICE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 39.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17037
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016
Mailing Address 1 MCDONALD'S PLAZA		FEC Identification Number C
City OAK BROOK	State IL	Zip Code 60523
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 17.63	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17070
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016
Mailing Address 5858 ATLANTIC BLVD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32207
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 9.84	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17088
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	66.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016
Mailing Address 5858 ATLANTIC BLVD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32207
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 9.02	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17089
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016
Mailing Address P.O. BOX 2463		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77252
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 6.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17099
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016
Mailing Address 2401 UTAH AVE S		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98134
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 16.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17103
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	31.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. BOJANGLES		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016
Mailing Address 4463 DEERWOOD LAKE PKWY		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32216
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 15.58	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17008
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GATE		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016
Mailing Address 9144 BAYMEADOWS RD		FEC Identification Number C
City JACKSONVILLE	State FL	Zip Code 32256
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 9.14	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17042
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHICK-FIL-A		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016
Mailing Address 5200 BUFFINGTON ROAD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30349
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 20.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17019
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	44.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. GOOGLE INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 70.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17043
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RACEWAY		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016
Mailing Address 462569 FL-200		FEC Identification Number C
City YULEE	State FL	Zip Code 32097
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 4.96	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17091
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2016
Mailing Address 1593 SPRING HILL RD #400		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 798.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17021
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	872.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. WELLS FARGO BANK NA			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016	
Mailing Address 420 MONTGOMERY STREET			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period 3.00	
Purpose of Disbursement BANK FEES		Category/Type	Transaction ID : SB17125	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ECANVASSER			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016	
Mailing Address FLOOR 3 LAWLEY HOUSE, MONAHAN RD			FEC Identification Number C	
City CORK CITY	State IR	Zip Code	Amount of Each Disbursement this Period 149.99	
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/Type	Transaction ID : SB17031	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. DUNCAN, NEIL, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016	
Mailing Address P.O. BOX 352069			FEC Identification Number C	
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 804.00	
Purpose of Disbursement CANVASSING		Category/Type	Transaction ID : SB17077	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	956.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. GIDEUMO, BRADLEY, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 804.00		
Purpose of Disbursement CANVASSING		Category/ Type	Transaction ID : SB17010		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HALL, NOAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 987.00		
Purpose of Disbursement CANVASSING		Category/ Type	Transaction ID : SB17081		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. HERRERA, LOGAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 370.00		
Purpose of Disbursement CANVASSING		Category/ Type	Transaction ID : SB17057		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2161.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 69			
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. HERRERA, LOGAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 28.29		
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Transaction ID : SB17058		
Candidate Name		<input type="checkbox"/> Memo Item NO ITEMIZATION NECESSARY			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MCMILLON, CHARLES, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016		
Mailing Address P.O. BOX 352069			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32235	Amount of Each Disbursement this Period 540.00		
Purpose of Disbursement CANVASSING		Category/Type	Transaction ID : SB17017		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. THE HARTLEY PRESS, INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016		
Mailing Address 4250 ST AUGUSTINE RD			FEC Identification Number C		
City JACKSONVILLE	State FL	Zip Code 32207	Amount of Each Disbursement this Period 6170.47		
Purpose of Disbursement PRINTING		Category/Type	Transaction ID : SB17108		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6738.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016
Mailing Address 2700 COAST AVE.		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Amount of Each Disbursement this Period 18.00
Candidate Name		Transaction ID : SB17046
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016
Mailing Address 520 S GRAND AVE, 2ND FLR		FEC Identification Number C
City LOS ANGELES	State CA	Zip Code 90071
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 419.00
Candidate Name		Transaction ID : SB17075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK NA		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016
Mailing Address 420 MONTGOMERY STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 35.00
Candidate Name		Transaction ID : SB17123
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	472.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 69	
	<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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial) A. WELLS FARGO BANK NA		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016
Mailing Address 420 MONTGOMERY STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 35.00
Candidate Name		Transaction ID : SB17124
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK NA		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address 420 MONTGOMERY STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 14.00
Candidate Name		Transaction ID : SB17126
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK NA		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address 420 MONTGOMERY STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 14.00
Candidate Name		Transaction ID : SB17128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	63.00
TOTAL This Period (last page this line number only).....▶	82248.94

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)
Lake Ray for Congress

Full Name (Last, First, Middle Initial)
A. DIAMOND D CATTLE LLC

Mailing Address 5903-1 SOLOMON ROAD

City JACKSONVILLE State FL Zip Code 32234

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 16 / 2016

FEC Identification Number
C

Amount of Each Disbursement this Period
250.00

Transaction ID : SB20A01

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Lake Ray for Congress** Transaction ID : **20160627L**

LOAN SOURCE Full Name (Last, First, Middle Initial) RAY, LAKE, GROSS, MR., III		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8729 FORT CAROLINE RD			
City JACKSONVILLE	State FL	ZIP Code 32277	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred M 06 / D 27 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Lake Ray for Congress** Transaction ID : **20160810L**

LOAN SOURCE Full Name (Last, First, Middle Initial) RAY, LAKE, GROSS, MR., III		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8729 FORT CAROLINE RD			
City JACKSONVILLE	State FL	ZIP Code 32277	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
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TERMS	Date Incurred M 08 / D 10 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	8000.00
TOTALS This Period (last page in this line only).....▶	108000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CMDI			Nature of Debt (Purpose): DATABASE MANAGEMENT SERVICE
Mailing Address 1593 SPRING HILL RD #400			
City VIENNA	State VA	Zip Code 22182	

Outstanding Balance Beginning This Period 0.00	Transaction ID : Q3SD02	
Amount Incurred This Period 1998.00	Payment This Period 798.00	Outstanding Balance at Close of This Period 1200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RIGHTSIDE COMPLIANCE			Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address PO Box 341027			
City AUSTIN	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 0.00	Transaction ID : Q3SD01	
Amount Incurred This Period 5311.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 5311.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE HARTLEY PRESS, INC.			Nature of Debt (Purpose): PRINTING
Mailing Address 4250 ST AUGUSTINE RD			
City JACKSONVILLE	State FL	Zip Code 32207	

Outstanding Balance Beginning This Period 0.00	Transaction ID : Q3SD03	
Amount Incurred This Period 10448.73	Payment This Period 6170.47	Outstanding Balance at Close of This Period 4278.26

1) SUBTOTALS This Period This Page (optional)	▶	10790.01
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lake Ray for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US POSTMASTER			Nature of Debt (Purpose): POSTAGE
Mailing Address 7707 MERRIL RD			
City JACKSONVILLE	State FL	Zip Code 32277	

Outstanding Balance Beginning This Period <input type="text" value="12102.37"/>		Transaction ID : Q3SD04	
Amount Incurred This Period <input type="text" value="21670.00"/>	Payment This Period <input type="text" value="33772.37"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WJXT			Nature of Debt (Purpose): MEDIA
Mailing Address 4 BROADCAST PLACE			
City JACKSONVILLE	State FL	Zip Code 32207	

Outstanding Balance Beginning This Period <input type="text" value="12920.00"/>		Transaction ID : Q3SD05	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="12920.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="10790.01"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text" value="108000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="118790.01"/>