

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

FRETTSFORCONGRESS

ADDRESS (number and street) ▼

PO BOX 42

Check if different than previously reported. (ACC)

VALPARAISO

FL

32580

2. **FEC IDENTIFICATION NUMBER** ▼

C C00505859

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

FL

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer Karl S Denninger

Signature of Treasurer Karl S Denninger

[Electronically Filed]

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FRETTSFORCONGRESS**

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))....	6964.85	6714.85
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6964.85	6714.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5473.35	5223.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5473.35	5223.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1491.50	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FRETTSFORCONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3978.35	3728.35
(ii) Unitemized.....	1986.50	1986.50
(iii) TOTAL of contributions from individuals ▶	5964.85	5714.85
(b) Political Party Committees.....	1000.00	1000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6964.85	6714.85
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	6964.85	6714.85

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5473.35	5223.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5473.35	5223.35

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6964.85
25. SUBTOTAL (add Line 23 and Line 24).....	6964.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5473.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1491.50

**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 5 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**FRETTSFORCONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Pete Joseph Blome**

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2011

**Transaction ID : SA11AI.4246**

Amount of Each Receipt this Period  
250.00  
In-kind - Compass Rose Event Rcp 222803

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

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
362.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2011

**Transaction ID : SA11AI.4248**

Amount of Each Receipt this Period  
112.36  
In-kind - Signs at Accent Signs Rcp 222802

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

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
404.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2011

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period  
42.00  
In-kind - FedEx overnight FEC Form 2

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

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

404.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRETTSFORCONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Pete Joseph Blome**

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **407.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 15 / 2011**

**Transaction ID : SA11AI.4379**

Amount of Each Receipt this Period  
**2.90**  
 In-kind - Postage

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

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **607.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
**200.00**  
 Contribution

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

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **642.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 07 / 2011**

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period  
**35.00**  
 In-kind - Destin COC Xmas Party Chg

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

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

**237.90**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRETTSFORCONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Pete Joseph Blome**

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **652.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 22 / 2012**

**Transaction ID : SA11AI.4254**

Amount of Each Receipt this Period  
**10.49**  
 In-kind - USPS Mailing

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

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **752.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 05 / 2012**

**Transaction ID : SA11AI.4266**

Amount of Each Receipt this Period  
**100.00**  
 In-kind - Santa Rosa Fair Insurance

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

Mailing Address 204 Parkwood Circle

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **777.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 06 / 2012**

**Transaction ID : SA11AI.4264**

Amount of Each Receipt this Period  
**25.00**  
 In-kind - Gopher Club Fee

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

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

**135.49**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRETTSFORCONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Caler**

Mailing Address 4792 Rt. 151

City Aliquippa State PA Zip Code 15001

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

Name of Employer NA Occupation NA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2012

**Transaction ID : SA11AI.4233**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 519 Nelson Point Rd.

City Niceville State FL Zip Code 32578

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

Name of Employer Retired Occupation US Civil Service (Personnel Management)

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2011

**Transaction ID : SA11AI.4139**

Amount of Each Receipt this Period  
500.00

Donate to Fretts For Congress

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

Mailing Address 2318 Canal Dr.

City Niceville State FL Zip Code 32578

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

Name of Employer Self Occupation Self

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2011

**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period  
250.00

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

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

1050.00



**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 9 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRETTSFORCONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Karl S Denninger**

Mailing Address 314 Olde Post Road

City Niceville State FL Zip Code 32578

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

Name of Employer Self Occupation Self Employed / Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2012

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 314 Olde Post Road

City Niceville State FL Zip Code 32578

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

Name of Employer Self Occupation Self Employed / Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **467.88**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2012

**Transaction ID : SA11AI.4314**

Amount of Each Receipt this Period  
**167.88**

In-kind - Advertising on The Market Ticker May 2012

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

Mailing Address 314 Olde Post Road

City Niceville State FL Zip Code 32578

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

Name of Employer Self Occupation Self Employed / Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **630.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11AI.4349**

Amount of Each Receipt this Period  
**162.72**

In-kind - Display Advertising Market Ticker

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

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

**530.60**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRETTSFORCONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Alfred Adrian Wyllie**

Mailing Address 1458 Wexford Drive South

City State Zip Code  
Palm Harbor FL 34683

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

Name of Employer Occupation  
Self Self-Employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1620.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : SA11AI.4317**

Amount of Each Receipt this Period  
1620.00  
In-kind - 1787 Radio (Proprietor/Pass-through)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1620.00

3978.35

**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 18  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**FRETTSFORCONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LIBERTARIAN PARTY OF FLORIDA EXECUTIVE COMMITTEE**

Mailing Address 1334 TAMPA ROAD  
STE 2

City State Zip Code  
PALM HARBOR FL 34683

FEC ID number of contributing federal political committee. **C** C00482372

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2012

**Transaction ID : SA11B.4312**

Amount of Each Receipt this Period  
1000.00

Contribution from LPF

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**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 12 OF 18			
	<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)  
**FRETTSFORCONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Pete Joseph Blome</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 204 Parkwood Circle		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4247</b>
City Niceville	State FL	
Purpose of Disbursement In-kind - Compass Rose Event Rcp 222803		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Pete Joseph Blome</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 204 Parkwood Circle		Amount of Each Disbursement this Period 112.36 <b>Transaction ID : SB17.4249</b>
City Niceville	State FL	
Purpose of Disbursement In-kind - Signs at Accent Signs Rcp 222802		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Pete Joseph Blome</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2011
Mailing Address 204 Parkwood Circle		Amount of Each Disbursement this Period 42.00 <b>Transaction ID : SB17.4251</b>
City Niceville	State FL	
Purpose of Disbursement In-kind - FedEx overnight FEC Form 2		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	404.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18			
	<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	

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)  
**FRETTSFORCONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Pete Joseph Blome</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 204 Parkwood Circle			Amount of Each Disbursement this Period 2.90
City Niceville	State FL	Zip Code 32578	
Purpose of Disbursement In-kind - Postage		Category/ Type	<b>Transaction ID : SB17.4380</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Pete Joseph Blome</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 204 Parkwood Circle			Amount of Each Disbursement this Period 35.00
City Niceville	State FL	Zip Code 32578	
Purpose of Disbursement In-kind - Destin COC Xmas Party Chg		Category/ Type	<b>Transaction ID : SB17.4253</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Pete Joseph Blome</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address 204 Parkwood Circle			Amount of Each Disbursement this Period 10.49
City Niceville	State FL	Zip Code 32578	
Purpose of Disbursement In-kind - USPS Mailing		Category/ Type	<b>Transaction ID : SB17.4256</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	48.39
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18		
	<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)  
**FRETTSFORCONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Pete Joseph Blome</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012
Mailing Address 204 Parkwood Circle		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.4259</b>
City Niceville	State FL	
Zip Code 32578	Purpose of Disbursement Reimbursed - Orlando Convention (Florida Lib. Conv.)	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Pete Joseph Blome</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 204 Parkwood Circle		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.4261</b>
City Niceville	State FL	
Zip Code 32578	Purpose of Disbursement Walton SOE Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Pete Joseph Blome</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 204 Parkwood Circle		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4267</b>
City Niceville	State FL	
Zip Code 32578	Purpose of Disbursement In-kind - Santa Rosa Fair Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18			
	<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)  
**FRETTSFORCONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Pete Joseph Blome</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 204 Parkwood Circle			Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.4265</b>
City Niceville	State FL	Zip Code 32578	
Purpose of Disbursement In-kind - Gopher Club Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Pete Joseph Blome</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 204 Parkwood Circle			Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4263</b>
City Niceville	State FL	Zip Code 32578	
Purpose of Disbursement Reimburse SR Fair		Category/ Type	007
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Pete Joseph Blome</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 204 Parkwood Circle			Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4283</b>
City Niceville	State FL	Zip Code 32578	
Purpose of Disbursement Reimburse cks 4154-4156 - SOE Filing Fees		Category/ Type	001
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 18	
	<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)  
**FRETTSFORCONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Copy Systems Business Center</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 4821 US Hwy 98		Amount of Each Disbursement this Period 139.10 <b>Transaction ID : SB17.4291</b>
City Santa Rosa Beach State FL Zip Code 32459	Purpose of Disbursement Business Cards Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Copy Systems Business Center</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 4821 US Hwy 98		Amount of Each Disbursement this Period 199.28 <b>Transaction ID : SB17.4322</b>
City Santa Rosa Beach State FL Zip Code 32459	Purpose of Disbursement Trifold Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Karl S Denninger</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 314 Olde Post Road		Amount of Each Disbursement this Period 162.72 <b>Transaction ID : SB17.4350</b>
City Niceville State FL Zip Code 32578	Purpose of Disbursement In-kind - Display Advertising Market Ticker Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	501.10
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 18			
	<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)  
**FRETTSFORCONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mako Signs SRB</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2012
Mailing Address 5008 US Hwy 98 Unit 4		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : SB17.4358</b>
City Santa Rosa Beach	State FL	
Zip Code 32459	Purpose of Disbursement Campaign Signs	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mako Signs SRB</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2012
Mailing Address 5008 US Hwy 98 Unit 4		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4367</b>
City Santa Rosa Beach	State FL	
Zip Code 32459	Purpose of Disbursement Campaign Signs	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mako Signs SRB</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2012
Mailing Address 5008 US Hwy 98 Unit 4		Amount of Each Disbursement this Period 37.49 <b>Transaction ID : SB17.4231</b>
City Santa Rosa Beach	State FL	
Zip Code 32459	Purpose of Disbursement Buttons	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	177.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mako Signs SRB</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 5008 US Hwy 98 Unit 4		Amount of Each Disbursement this Period 50.00
City Santa Rosa Beach	State FL	
Zip Code 32459	Purpose of Disbursement Campaign material	<b>Transaction ID : SB17.4368</b>
Candidate Name	Category/ Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alfred Adrian Wyllie</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 1458 Wexford Drive South		Amount of Each Disbursement this Period 1620.00
City Palm Harbor	State FL	
Zip Code 34683	Purpose of Disbursement In-kind - 1787 Radio (Proprietor/Pass-through)	<b>Transaction ID : SB17.4319</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1670.00
<b>TOTAL</b> This Period (last page this line number only).....	3586.34